



**DRUG TREATMENT COURT FUNDING PROGRAM  
SUMMATIVE EVALUATION  
Final Report**

**March 2009**

**Evaluation Division  
Office of Strategic Planning and Performance Management**





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# **EXECUTIVE SUMMARY**

## **1. Introduction**

The Drug Treatment Court Funding Program (DTCFP) is a contributions funding program that provides financial support and administers funding agreements to six drug treatment court (DTC) sites that were selected through a call for proposals. The six sites include two original DTCs in Toronto and Vancouver and an additional four DTCs located in Edmonton, Winnipeg, Ottawa, and Regina. As part of its performance measurement strategy, the Department of Justice scheduled the evaluation of the DTCFP to be conducted in fiscal year 2008–2009. The evaluation examined issues of relevance, design and delivery, success, and cost effectiveness/alternatives. The evaluation covers the period since the DTCFP began (December 2004 to March 2009).

## **2. Methodology**

The evaluation comprised four main lines of evidence: a document and data review, including a review of the process and outcome evaluations for each DTC and the Department's data management system for the courts; 50 key informant interviews; 22 case studies with participants in the program; and a survey of DTC stakeholders.

## **3. Findings**

### **3.1. Rationale**

DTCs respond to long-standing government priorities to address substance use and abuse issues in a criminal justice context. Recognizing the link between drug use and crime, the government created the DTCFP to expand the number of DTCs in Canada as part of the renewed Canadian Drug Strategy and has since reiterated this commitment under the National Anti-Drug Strategy.

The belief in these specialized courts as an innovative method to address non-violent, drug-motivated crime finds support in the literature. Studies in the United States and Canada demonstrate the relationship between drug use and crime and support the position that the specialized courts lower recidivism. Through interviews and surveys, the evaluation found strong support for the DTC model among criminal justice professionals, addictions specialists, and community or government organizations that have been involved with the DTCs. Based on their experiences with DTCs and the traditional criminal justice system, they believe that specialized drug courts work. By combining judicial supervision with substance abuse treatment, DTCs provide an effective alternative to the traditional criminal justice system.

The DTCFP remains relevant because without it, some DTCs would likely close, particularly those managed by non-governmental organizations (NGOs), as the funding stream is already an issue at several of these locations. In addition, without the DTCFP, the creation of new DTCs would be less likely. This would place Canada solidly against the international trend, which is the expansion of DTCs.

#### **4. Program Design and Implementation**

##### **4.1. Drug Treatment Court Funding Program**

The evaluation found that the DTCFP has met its essential mandate, which was to oversee the expansion of DTCs. Since its creation, the DTCFP has approved four new sites and continued funding two existing sites. The DTCFP had a flexible management style that included more intensive consultation with the sites during their initial stages and allowed them to develop their own models of service delivery. As well, the DTCFP has responded to challenges in managing the contribution agreements. The original expectation of provincial applicants proved to be incorrect, and with NGOs as funding recipients in four of the six sites, the DTCFP has changed the terms and conditions of the contribution program and provided regular advances to some sites.

The DTCFP has also supported communication activities with varying success. The Canadian Association of Drug Treatment Courts (CADTC) meetings/conferences received praise from those in attendance as effective ways to network and share best practices. There was little awareness/use of the Department research reports on DTCs and of the electronic bulletin board. The evaluation found support for more opportunities for DTC team members to ask questions and share information. In addition, results indicated a need for more promotional/informational

efforts to ensure that key stakeholder groups such as police and defence counsel are aware of and understand the DTC program.

The most challenging area for the DTCFP was collecting information and data on the effectiveness of the DTCs. Although substantial work had been undertaken (construction of the Drug Treatment Court Information System [DTCIS] and evaluations of the sites), quantitative evidence of the outcomes for the program, such as its effect on recidivism and drug use and its cost effectiveness, was preliminary, not comparable across sites, or not available. These difficulties are not surprising. Many of the DTCs are relatively new, which limits the ability to demonstrate effects as post-program follow-up periods are short (see Latimer, Morton-Bourgon, and Chretien, 2006 on the importance of sufficient time for follow-up). In addition, few sites were able to conduct rigorous evaluations with comparison groups and, even if they could, the more recent DTCs have relatively few graduates. It is therefore premature to undertake these types of costly studies. That said, once data is being routinely and consistently entered into the DTCIS, it should be possible to provide future studies with comparable data for each of the DTCs.

#### **4.2. Drug Treatment Courts**

DTCs are intended to address the criminal behaviour of high needs individuals who have engaged in non-violent offences that were motivated by their addictions. The evaluation found that the DTCs are meeting this goal as the participants have a lower socio-economic profile and multiple needs such as physical and mental health concerns, and lack of adequate housing. Participants also have serious drug addictions (typically cocaine) and have committed a variety of non-violent crimes.

However, the program is having more difficulty attracting individuals from the DTCFP's target groups of youth (operationalized as 18 to 24 year olds), Aboriginal men and women, and sex trade workers, as well as women in general. Suggestions to address this issue include having specialized programming for youth, Aboriginal people and women, which could be separate groups and/or more tailored content; separate days in court for men and women; and more Aboriginal workers or connections with Aboriginal community organizations. While many DTCs want to provide specialized programming, they struggle with being able to provide this type of support due to limited staff.

For the DTCs, the program has high-level similarities across the courts but also key differences. This is to be expected when each site designs its own program and supporting processes and structures. Over time, it would be useful to study the different approaches across key indicators like recidivism and drug use so that evidence-based practices can be identified and shared across the sites.

The evaluation found that the court component is working effectively based on the information available. Court attendance assists clients by providing a routine and motivating them through the use of rewards and sanctions. More rewards than sanctions are provided by the courts. The evaluation cannot offer quantitative data on the effectiveness of rewards or sanctions; however, interviews with participants and DTC staff indicate that these methods of encouragement work.

Likewise, the evaluation found that the treatment component is generally working effectively based on the information available. Participants made reference to the non-judgmental approach of treatment staff and their helpfulness in connecting participants to other available resources. Treatment was considered to be suitably intense, although there was evidence that more tailored programming or approaches would be useful; for example, to address race and gender needs or to be more flexible and less stringent for low-risk participants who are doing well in the program. Because the treatment delivery models differ across the sites, it would be useful to be able to compare the results for participants by the different approaches, which could be accomplished once comparable data are collected.

The DTCs identified several challenges for implementation that were shared across sites. Most of the sites had either currently or in the past experienced challenges with understanding the roles and responsibilities between the treatment and court teams. The challenge for these multidisciplinary teams is developing working relationships that recognize the role of each member and that do not compromise the integrity of the program.

The lack of safe housing and treatment beds limits the DTCs' ability to accept participants and/or stabilize those in the program. DTC team members reported poor success with participants who remain in high-risk environments like shelters. While more work needs to be done, the DTCFP recognized this challenge and sought a partnership with Human Resources and Skills Development Canada to identify funding opportunities associated with the Homelessness Partnership Strategy.

Finally, resource constraints (financial and human) are reported to limit what the DTCs can accomplish. Caseloads are considered too heavy to provide intensive, individualized treatment,



and lack of staff limits the types of programming that can be provided. Additional resources would also assist sites in subsidizing housing and providing participants with other essential needs (food, clothing, medical/dental care) to help stabilize them and enable them to focus on addressing their addictions.

## 5. Outcomes

Two considerations should be kept in mind in considering the outcomes of the DTCTFP. First, the program targets marginalized and high-risk groups with multiple barriers to success, such as serious addictions, extensive criminal backgrounds, lack of education, poor employment history, mental health or other health issues, and past victimization. Second, most of the DTCs have been operational for a short period of time, and those that have a longer history (Toronto or Vancouver) have not been engaged in tracking ongoing performance measurement, limiting the ability to report on results.

However, based on the information available, the findings of this evaluation as well as the five site evaluations suggest that the DTCTFP is generating positive outcomes for participants.

**Recidivism.** Most key informants, survey respondents, and case study participants believe the program is reducing recidivism. Some of the DTC outcome evaluations reported on recidivism. Winnipeg found that recidivism rates for graduates compared favourably to rates for probation, conditional sentences, and provincial inmates. Discharged participants also had lower recidivism rates than the other offender groups except for probation. However, the Winnipeg results, which are based on a relatively short follow-up period, fall well outside the meta-analyses on the effects that DTCs have on recidivism. Ottawa found that reoffending was more common in the first year of the program than in subsequent years.

**Drug use.** The evaluation found that the DTCTFP has had an impact on reducing participants' drug use. However, it also noted that participants' volume, frequency, and type of use may change for the better or worse several times throughout the program. Nonetheless, many of the case study participants indicated that the program has helped them abstain from drug use, even if they have an occasional relapse. Case study participants said that personal motivation is one of the key factors that determine whether someone will be successful in the program. However, several program features also help set participants up for success, including the recognition that relapse is part of the recovery process, the length of the program, the court sessions, the support of the treatment staff and the counseling sessions, and access to safe, drug-free housing.

**Enhancing social stability.** The DTCCFP is helping participants enhance their social stability. Many participants have improved their housing, gained employment, and/or returned to school. Other participants have improved their relationships with their family, feel healthy, and care about themselves.

**Graduation and retention rates.** The evaluation was able to calculate comparable graduation and retention rates across the DTCs. The graduation rates ranged from 6 percent to 36 percent and the retention rates ranged from 34 percent to 55 percent. According to the interviews and the site evaluations, the factors that influence participant retention and graduation include safe, secure housing; self-motivation; low-risk background (no history of violence); and various demographic factors (race, education level, employment at admission, marital status and gender).

## **6. Cost Effectiveness/Alternatives**

The evaluation made a preliminary attempt at assessing the relative cost advantages of DTCs. However, due to the limited availability of consistent and complete outcome data and cost information, the analysis requires making several assumptions about DTCs and the traditional system.

Assuming a DTC participant graduates from the program and does not reoffend, the costs of the DTC are 70 percent lower compared to two years of incarceration. However, if an offender is sentenced to one year of probation, the cost of DTC is 365 percent higher than the traditional system. Although this analysis shows the potential for cost savings, ability of DTCs to generate cost savings for government and society varies with the type and length of sentence that would have been applied through the justice system.

## **1. INTRODUCTION**

The Drug Treatment Court Funding Program (DTCFP) is a contributions funding program that provides financial support and administers funding agreements to six drug treatment court (DTC) sites that were selected through a call for proposals. The six sites include the two original DTCs in Toronto and Vancouver and an additional four DTCs located in Edmonton, Winnipeg, Ottawa and Regina. As part of its performance measurement strategy, the Department of Justice scheduled the evaluation of the DTCFP to be conducted in fiscal year 2008–2009. The evaluation examined issues of relevance, design and delivery, success, and cost effectiveness/alternatives. The evaluation covers the period since the DTCFP began (December 2004 to March 2009). This document constitutes the evaluation’s final report.

### **1.1. Structure of the Report**

This report contains five sections, including the introduction. Section 2 provides an overview of the DTCFP, while Section 3 describes the methodology for the evaluation; Section 4 summarizes the key findings; and Section 5 presents the conclusions.



## **2. OVERVIEW OF THE DRUG TREATMENT COURT FUNDING PROGRAM**

The DTCFP is a partnership between the Department of Justice (the Department or DOJ) and Health Canada managed by the Programs Branch of the DOJ. This partnership provides for a policy forum whereby federal justice and health officials are able to test horizontal approaches for addressing the challenges created by drug-addicted offenders in the criminal justice system. As a contributions funding program, the DTCFP provides financial support to provincial, territorial, municipal and regional governments, institutions or agencies, as well as eligible community-based or professional organizations to implement DTCs. The objectives of the DTCFP are as follows:

- “promote and strengthen the use of alternatives to incarceration (with a particular focus on youth - operationalized as 18 to 24 year olds), Aboriginal men and women, and street prostitutes)
- build knowledge and awareness among criminal justice, health and social service practitioners and the general public about DTCs
- collect information and data on the effectiveness of DTCs in order to promote best practices and the continuing refinement of approaches” (DOJ, 2006)

### **2.1. Logic Model**

The logic model for the DTCFP (see Figure 1 below) provides an overview of its goals, activities, target population, outputs and outcomes. To fulfill its goal of “break[ing] the cycle of drug use and criminal recidivism through innovative partnership among the criminal justice system, drug treatment services and social service agencies”, the DTCFP engages in three core activities: communications; DTC implementation; and research, performance measurement and evaluation.

- Through the preparation and dissemination of DTC information and communication materials, the DTCFP is intended to increase the knowledge and awareness of DTCs

among government, non-governmental organizations (NGOs), professional associations and the general public.

- Through DTC implementation activities, such as the solicitation, review and approval of proposals for DTC funding, the management of contribution agreements, and the requirement for and approval of budgets, work plans and reports, the DTCCFP is expected to lead to the establishment of operational DTC sites. The work of these sites is intended to contribute to reduced drug use, enhanced social stability, and reduced criminal recidivism.
- Through research, performance measurement and evaluation activities, the DTCCFP is expected to identify and share promising and/or best practices for the design, implementation and operation of DTCs.

The culmination of DTCCFP activities are intended to strengthen the network of stakeholders to address drug use and lead to evidence-based improvements for DTC sites and the DTCCFP.

## Government of Canada's Drug Treatment Court Funding Program (DTCFP) Logic Model

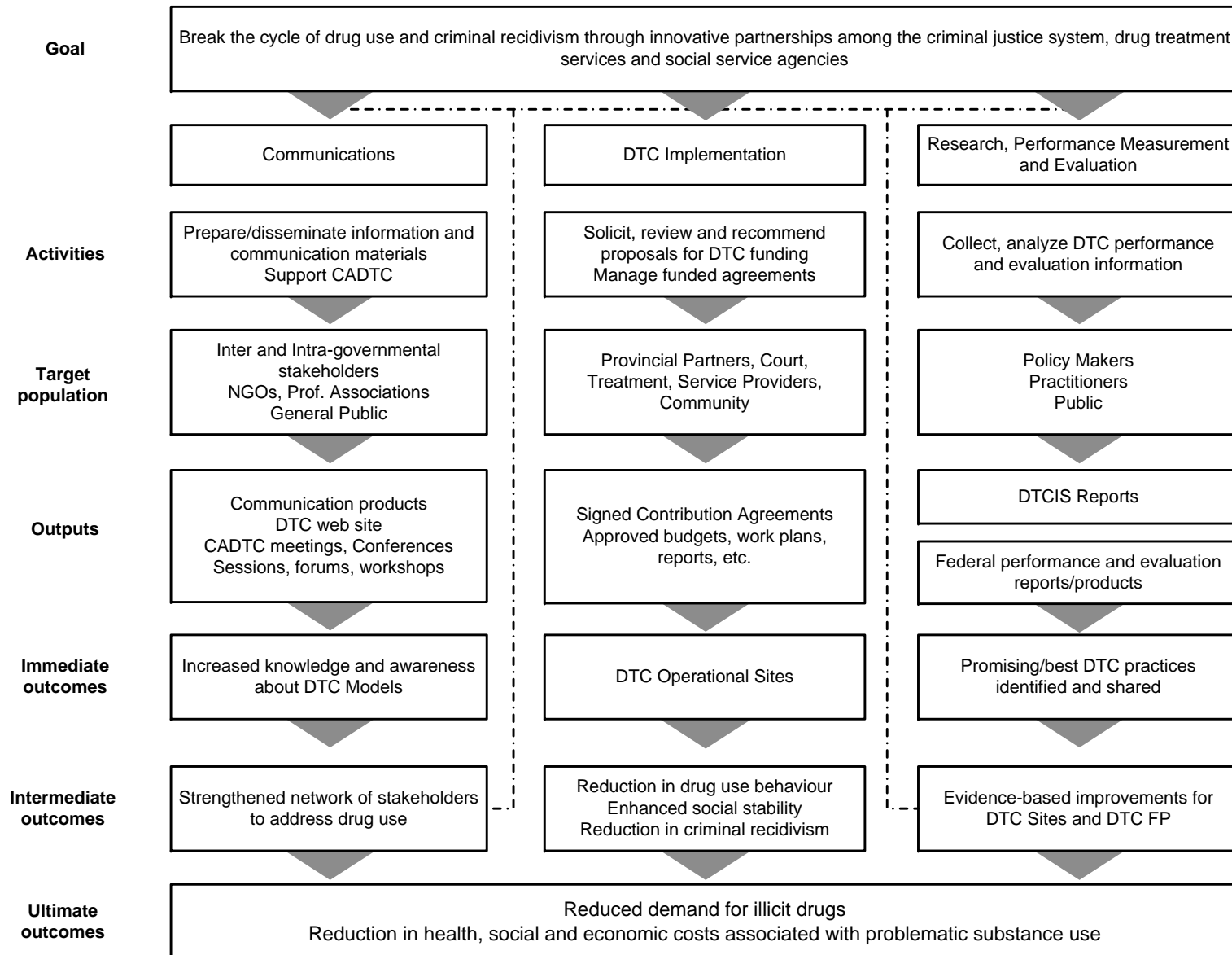


Figure 1

## 2.2. Profile of DTCs in Canada

This section profiles the individual DTCs that receive funding from the DTCCFP.

### 2.2.1. Funding

There are currently six fully operational DTCs funded by the DTCCFP.<sup>1</sup> The two original DTCs began operations before the establishment of the DTCCFP: the Toronto Drug Treatment Court (since December 1998); and the Drug Treatment Court and Resource Centre of Vancouver (since December 2001). The four additional DTCs have been in operation for about three years: the Edmonton Drug Treatment and Community Restoration Court (since December 2005); the Winnipeg Drug Treatment Court (since January 2006); the Drug Treatment Court of Ottawa (since March 2006); and the Regina Drug Treatment Court (since October 2006). For ease of reading, the DTCs will be referred to by location throughout this report.

The DTCCFP has signed contribution agreements with each of the DTCCFP-funded DTCs, which cover 2005 to 2009. Through these agreements, the government of Canada funds up to 100 percent of eligible costs up to the maximum funding allowed per site.<sup>2</sup> The following table summarizes the DTCCFP's contributions to each DTC.

**Table 1: DTCCFP Contribution Funding**

	<b>Toronto</b>	<b>Vancouver</b>	<b>Edmonton</b>	<b>Winnipeg</b>	<b>Ottawa</b>	<b>Regina</b>
2005–2006	\$750,000	\$232,500	\$583,760	\$353,498	\$519,869	\$293,000
2006–2007	\$750,000	\$750,000	\$583,760	\$360,459	\$550,000	\$446,500
2007–2008	\$750,000	\$750,000	\$583,760	\$413,005	\$550,000	\$446,500
2008–2009	\$750,000	\$750,000	\$583,760	\$516,147	\$550,000	\$446,500

*Source: Individual Canada–DTC Agreements*

<sup>1</sup> There are at least two other DTCs in Canada that are not funded under the DTCCFP: the Calgary Drug Treatment Court, which is funded by the City of Calgary, and the Durham Drug Treatment and Mental Health Court in Ontario.

<sup>2</sup> Information on DTCCFP contributions to DTCs is derived from individual DTC–Canada Agreements and amendments.



### 2.3. Design and Delivery

The DTCTFP does not specify a model for the DTCs to follow. As a result, each DTC has its own unique characteristics, which are discussed in the descriptions of each DTC that follow. However, there are certain characteristics that are common across the DTCs:

- *Programs are voluntary.* The accused must voluntarily apply to enter the DTC.
- *The Crown screens for eligibility.* Each DTC can set its own eligibility criteria, but typically the accused must be non violent and either charged with a drug-related offence, such as possession, trafficking in small amounts, or some other non-violent offence motivated by addiction. Applicants are screened out if there are indications of commercial drug trafficking, if they have been charged with a violent offence, if they have a history of violent behaviour, if they involved someone under the age of 18 in the offence, or if they have committed residential breaking and entering. The Crown initially screens the applications; the Crown may also determine that an accused is suited to the DTC and suggest that he apply for the program.
- *The admission process is similar at all DTCs.* Eligible accused who have made an application are assessed by treatment personnel, and an admission plan is prepared. This plan is presented to the DTC team before the accused appears in court. However, it is ultimately the judge's decision whether to admit the applicant into the DTC program. Every effort is made to ensure offenders are carefully screened in order to protect public safety.
- *The accused must enter a guilty plea.* Once admitted, the accused must typically enter a guilty plea before entering the program. The accused is given some period of time (e.g., 30 days) to withdraw the guilty plea and re-enter the traditional criminal justice system. Participation in the DTC usually has DTC bail conditions attached, such as abiding by curfews.
- *DTC programs require intensive participation.* The DTC programs are demanding. They require regular court attendance (weekly or more often), individual and group counselling (which can be daily), and random urine testing. In addition, participants receive medical attention that is appropriate to their situation, such as methadone maintenance at some DTCs.

- *Incentives and sanctions are applied as needed.* At each court appearance, the DTC judge and the treatment team review the participant's progress, and the judge can apply either graduated incentives or sanctions, as needed.
- *To graduate from the program, participants must meet several criteria.* Offenders graduate when they successfully meet certain criteria including being abstinent for a certain period of time, complying with all conditions of the program, and showing evidence of life-skills improvement, such as finding stable housing or employment.

Nonetheless, each court varies somewhat in its structure and design and delivery. Some of the differences relate to the type of funding recipient, composition of the DTC team, court component, treatment providers and activities, program length, and graduation requirements. These are discussed generally in Table 2 on the following page and in more detail in Appendix A.

**Table 2: Description of DTC models (more detailed descriptions by DTC are in Appendix A)**

Funding recipients	DTC team
<p>Four sites have NGOs as funding recipients:</p> <ul style="list-style-type: none"> <li>• Toronto – Centre for Addiction and Mental Health (CAMH)</li> <li>• Edmonton – Edmonton Community Foundation/John Howard Society</li> <li>• Winnipeg – Addictions Foundation of Manitoba</li> <li>• Ottawa – Rideauwood Addictions and Family Services</li> </ul> <p>Two sites have provincial departments as funding recipients</p> <ul style="list-style-type: none"> <li>• Vancouver – Solicitor General of British Columbia</li> <li>• Regina – Saskatchewan Justice</li> </ul>	<p>All court teams include judge(s), Crown, and duty counsel. Unlike other sites, Ottawa does not have dedicated judge(s); instead, five different judges rotate.</p> <p>Most sites have provincial and federal Crown attached to the DTC, except for Vancouver and Winnipeg (federal Crown only) and Regina (provincial Crown only).</p> <p>All sites have probation officers. In some sites, they are considered part of the court team, while in other sites they work more closely with the treatment team (Vancouver, Regina).</p> <p>Treatment staff typically include managers and addictions therapists or counsellors. The exception is Edmonton, which does not provide direct treatment services and only has treatment and probation managers.</p> <p>Toronto, Vancouver and Regina also have medical assistance at their treatment centres (e.g., psychologist, addictions nurse).</p> <p><b>Some sites have other specialized positions (e.g., community and cultural liaison, police liaison, employment and assistance worker).</b></p>
Court component	Treatment component
<p>Sites vary in the number of court sessions they require per week; however, all sites will reduce the number of sessions if the participant is showing progress. The initial frequency of court appearances is listed below.</p> <ul style="list-style-type: none"> <li>• Toronto – twice weekly</li> <li>• Vancouver – weekly</li> <li>• Edmonton – weekly</li> <li>• Winnipeg – weekly</li> <li>• Ottawa – twice weekly</li> <li>• Regina – weekly</li> </ul> <p>All sites require regular (at least weekly) random drug testing.</p> <p>All sites have pre-court meetings, prior to the court sessions, with the judge, Crown(s), treatment team and defence counsel. The treatment team provides updates on client progress and treatment recommendations at these meetings.</p> <p>Based on the outcome of these meetings, the DTC judge uses a number of sanctions and admonishments to encourage participants to continue in the program and rewards them when they show progress.</p>	<p>Sites have different approaches to treatment provision. Some have the bulk of services provided in-house while others refer to other treatment organizations. The primary treatment providers by site are listed below.</p> <ul style="list-style-type: none"> <li>• Toronto – CAMH</li> <li>• Vancouver – Vancouver Coastal Health</li> <li>• Edmonton – no single treatment provider; refer to a variety of providers for day or residential treatment</li> <li>• Winnipeg – DTC staff (who are hired by Addictions Foundation of Manitoba) provide core treatment services, although the program also frequently refers elsewhere for additional treatment services</li> <li>• Ottawa – Rideauwood Addictions and Family Services</li> <li>• Regina – DTC staff</li> </ul> <p>The format and approach of treatment varies across the sites. All involve group and individual counselling. Most have phased programs (Toronto, Vancouver, Winnipeg, Ottawa, and Regina) which direct participants through different stages, such as assessment, stabilization, intensive treatment, relapse prevention or maintenance, and graduation. Edmonton has a unique highly individualized treatment approach, where the treatment team and the participant develop a treatment plan.</p>

Length of program	Graduation criteria
<p>There is no set length for completing the DTC programs as it is based on moving through program phases and meeting the graduation criteria; however, it generally takes approximately one year in order to complete the program. Program estimates are given below.</p> <ul style="list-style-type: none"> <li>• Toronto – 12 to 16 months</li> <li>• Vancouver – 265 clinic hours</li> <li>• Edmonton – 8 to 18 months</li> <li>• Winnipeg – 12 to 18 months</li> <li>• Ottawa – approximately one year</li> <li>• Regina – 274 hours of participation</li> </ul>	<p>Three programs (Toronto, Vancouver, and Edmonton) have adopted two levels of graduation (sometimes called completion). Ottawa has three levels, and Winnipeg and Regina each have one set of graduation criteria. The type of sentence depends on the level of graduation attained (honours or other). Criteria for basic graduation are described below (not honours but also not the lowest level of completion that is based on length in the program and evidence of some positive changes).</p> <p><b>Length of treatment:</b> For basic graduation, four sites (Vancouver, Edmonton, Winnipeg and Ottawa) have required length of time (or number of hours) in the program.</p> <p><b>Abstinence:</b> This varies by site: complete abstinence for two (Toronto and Ottawa) or four months (Winnipeg and Regina); abstinence from all drugs except cannabis for four months (Edmonton); abstinence from cocaine, heroine, and crystal methamphetamine for three months (Vancouver).</p> <p><b>Criminal offences:</b> Some sites require no new criminal offences for a minimum of three (Toronto) or six months (Vancouver and Winnipeg). The other sites do not have this as a graduation requirement.</p> <p><b>Social stability:</b> Sites have various ways that this must be demonstrated, but almost all sites have this requirement. Only Ottawa did not specifically mention this in its graduation criteria. Examples are stable housing (Toronto and Vancouver), engaging in productive activities such as employment or volunteer work (Toronto, Vancouver, Edmonton and Winnipeg), acting on their plans for returning to the community or their treatment goals (Edmonton and Regina).</p>
<p><i>Note: Sources are the individual process and outcome evaluations for each site, supplemented as needed by information from interviews.</i></p>	

### **3. METHODOLOGY**

The DTCFP evaluation draws on five lines of evidence including a document review, data review, key informant interviews, case studies with participants, and a stakeholder survey.

#### **3.1. Document Review**

The document review provided information on the design, implementation and outcomes of the DTCs. Documents reviewed include:

- Memorandum of Understanding (MOU) between the Department and Health Canada
- Overview of the National Performance and Evaluation Reporting Requirements
- DTCFP logic model and performance measurement strategy
- Results-based Management and Accountability Framework for the National Anti-Drug Strategy
- DTC funding agreements
- DTC site evaluation frameworks
- DTC progress reports, process evaluations, and outcome evaluations<sup>3</sup>
- Publicly available material on the DTCs from the Internet.

Additionally, the Department is undertaking a recidivism study. However, it was unable to obtain the information required to complete this study prior to the conclusion of the evaluation.

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<sup>3</sup> Process and outcome evaluations for the time period covered by this evaluation are not available for Vancouver; however, it is participating in the evaluation through key informant interviews and the stakeholder survey. Vancouver is currently completing a study of its effectiveness that, given its complexity, requires longer timelines and, therefore, is excluded from the reporting clause of the contribution agreement.

### 3.2. Data Review

The data review was intended to provide information on program activity and outcomes. Several data sources supported this review including:

- ***DTCIS (Drug Treatment Court Information System) raw data.*** The Department created a DTCIS for the DTCs to use for case management and reporting purposes. The DTCIS is a Web-based system that includes numerous data entry screens. The system is designed to collect information about participants' demographics, treatment history, criminal record, program participation and referrals. While the intention is that both the court and treatment team will enter data, at this point only the treatment team is able to do so. To protect participant confidentiality, the Department does not have access to the DTCIS case management component. However, specific fields, stripped of personally identifiable information, are uploaded to the Department for performance management and reporting purposes. The evaluation included a review of an Excel-based extract of this data for all sites except for Vancouver.<sup>4</sup> The time period that the data covers varies by site.
- ***DTCIS pre-set tables.*** The Department has developed several pre-set tables to monitor the progress of the program. At the time of the evaluation, individual sites were in the process of implementing the system and, therefore, the degree of information entered and available for each site varies.

### 3.3. Key Informant Interviews

Key informant interviews were used to collect information on the DTCFP's relevance, design and delivery, success and cost effectiveness. They also collected site-specific information for each DTC.

A list of potential key informants was reviewed and updated in consultation with the Director of each DTC. All key informants received the interview guide prior to the interview itself. The interviews were conducted over the phone or in person, in the respondent's preferred official language. Each interview took between 60 and 90 minutes to complete.

A total of 50 key informants participated in an interview. Their distribution is shown in Table 3.

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<sup>4</sup> Vancouver, as a provincial DTC, operates with its own case management system and therefore is exempt from using the DTCIS.

**Table 3: Key informants**

	<b>Court team</b>	<b>Treatment team</b>	<b>Other</b>	<b>Total</b>
Toronto	5	3		8
Vancouver	3	5		8
Edmonton	4	3		7
Winnipeg	4	3	1	8
Ottawa	5	4	1	10
Regina	3	5		8
Federal representative			1	1
<b>Total</b>	<b>24</b>	<b>23</b>	<b>3</b>	<b>50</b>

### 3.4. Case Studies

Case studies provided information on participants’ personal experiences with the program. In consultation with the Evaluation Advisory Committee, Winnipeg, Ottawa and Toronto were chosen as the case study sites.

The case study interviews were conducted in person at the DTC offices. Each interview took 30 to 45 minutes to complete. Participants had the option of ending the interview at any time. A total of 22 DTC participants took part in a case study as shown in Table 4.

**Table 4: Case studies**

<b>DTC</b>	<b>Active participants</b>	<b>Graduates</b>	<b>Did not complete</b>	<b>Total</b>
Toronto	3	3	2	8
Winnipeg	3	2	1	6
Ottawa	4	3	1	8
<b>Total</b>	<b>10</b>	<b>8</b>	<b>4</b>	<b>22</b>

Although case study participants were offered the opportunity to bring a trusted confidante, such as a family member, partner or close friend to the case study interview, none of the participants took advantage of this option.

During the case study site visits, the research team also observed a pre-court meeting and one weekly court session.

### 3.5. Stakeholder Survey

A survey with DTC stakeholders provided information on the relevance and success of the DTCs.

The survey targeted those who are directly involved in the DTCs. The sample included members of the Canadian Association of Drug Treatment Courts (CADTC), subscribers to the DTC Electronic Bulletin Board, partners of the funded DTCs, and stakeholders from the DTCs in Durham and Calgary. The list was reviewed and updated in consultation with the Directors of each DTC.

The survey was pretested with five respondents. Based on the results of the pretest, the wording of a couple of questions was clarified.

Following the pretest, survey packages were mailed to 238 respondents. They had the option of returning the survey either by mail, in a pre-addressed, postage-paid envelope included with the mailed questionnaire, or by toll-free fax. Telephone calls were made to non-responders to remind them to complete the survey and offer them the opportunity to complete the questionnaire over the phone. A total of 88 completed questionnaires were received, for a response rate of 37 percent. Table 5 shows the response rate by site.

**Table 5: Response rate by site**

DTC	Number sent out	Number returned	Response rate
<b>Funded DTCs</b>			
Edmonton	30	19	63%
Winnipeg	44	17	39%
Regina	42	15	36%
Toronto	48	16	33%
Vancouver	29	9	31%
Ottawa*	32	5	16%
<b>Non-funded DTCs</b>			
Calgary	5	3	60%
Durham	8	4	50%
<b>Total</b>	<b>238</b>	<b>88</b>	<b>37%</b>
<i>*The survey for Ottawa was in the field for a shorter period than the other sites due to delays encountered in obtaining the sample.</i>			



### 3.6. Limitations

A major limitation for the ability to report on outcomes is the relatively short time frame that most of the DTCs have been operational (approximately 2.5 years to 3.2 years). Although Toronto has operated since 1998, ongoing performance measurement began with the DTCFP and the DTCIS; therefore, long-term tracking of outcomes is not available for Toronto. Given that program duration varies in length between eight and eighteen months, sites that began accepting clients approximately three years ago have, so far, had little opportunity to produce graduates. Based on the site outcome evaluations, the number of graduates ranged from 21 in Winnipeg to 8 in Regina, making comparison of results between graduates and non-graduates or other reference groups premature.<sup>5</sup> Moreover, graduates' time post-program may in many instances be quite short. As a result, it is premature to draw anything other than preliminary conclusions on outcomes such as reduced drug use and criminal activity.

The evaluation also experienced limitations with the available data. The evaluation had four main sources of information on outcomes: interviews, survey results, DTCIS data, and the individual DTC outcome evaluations. Ideally, these different sources would strengthen interpretations by corroborating findings across qualitative and quantitative data sources. However, the evaluation encountered several issues that limited the ability to use the data to determine outcomes.

The evaluation has not used DTCIS data due to issues with completeness and accuracy of the data.

- DTCIS pre-set tables. While the pre-set tables may provide the Department with a snapshot of the individual DTCs, their use for the evaluation is limited. The information does not allow for analysis by admitted applicants, participants who did not complete the program, and/or graduates. This type of analysis would enable the Department to determine similarities and differences between successful and unsuccessful applicants.
- Alignment of DTCIS pre-set tables and case management data. The evaluation found a number of inconsistencies between the case management data that was uploaded to the Department and the pre-set tables.

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<sup>5</sup> Although Toronto has more graduates, there were only three graduates during the period studied for the outcome evaluation report.

- Inconsistent DTCIS data across sites. Due to delays, DTCIS did not become operational in the DTC sites until the fall of 2008. This limited the time available for inputting data for the evaluation, and, as a result, the level of client information varies by site as does the time frame covered by the data.

The evaluation includes the results of the outcome evaluations that each individual DTC completed. The outcome evaluations reported on each of the DTCCFP's intended outcomes including compliance with DTC program requirements, reduced drug use, reduced recidivism and improved social stability of participants. However, they differed greatly in the way in which these outcomes were defined and measured. As a result, cross-site comparisons and generalizations about the impact of the DTCCFP are difficult to make.

The cost-effectiveness analysis of the DTCs is limited by the incomplete information available on DTC costs. The DTCIS data does not include cost information and the DTC outcome evaluations contain little information on cost effectiveness. Additionally, the DTCCFP did not have financial statements for provincial costs associated with the DTCs as most of the funding recipients are NGOs. Recidivism data, which are important to show whether costs are offset by benefits, are also not available for all DTCs, and what is available is preliminary (see discussion in 4.3.1).

To respond to these limitations, the evaluation has gathered qualitative data on outcomes based on the experiences of DTC participants and the opinions of experienced criminal justice and treatment professionals who work in the DTCs. The evaluation has also included information from the literature on DTCs where relevant. In addition, although the site outcome evaluations do not provide comparable data, the evaluation draws out similarities and differences in their findings in order to ascertain whether there is a general direction of DTC effects across the sites, even if the measurement used is not consistent.

## **4. FINDINGS**

This section of the report presents evaluation findings and combines information from all lines of evidence that were described in Section 3.0.

### **4.1. Program Relevance**

This section reports on the relevance of the DTCFP. It discusses the alignment of the DTCFP with federal priorities and the continued need for the program.

#### **4.1.1. Alignment with federal priorities**

The federal government has a long history of working to address the issue of drug abuse in Canada. The Canada Drug Strategy (CDS), in effect from 1987 to 1992, was a \$210 million strategy intended to address the supply and demand sides of drug abuse in Canada. It comprised six strategic components: education and prevention, treatment and rehabilitation, enforcement and control, information and research, international cooperation, and a national focus.

Phase II of the CDS was launched in 1992. This phase of the CDS placed increased emphasis on impaired driving offenders. Although this strategy included \$270 million in funding over five years, less than half of the funding was allocated to the strategy due to changes in government priorities. The Toronto and Vancouver DTCs were initially introduced as part of Phase II of the CDS with funding from the Crime Prevention Investment Fund of the National Crime Prevention Strategy.

In May 2003, the CDS was renewed and included an investment of \$245 million over four years. The aim of the renewed CDS was to “have Canadians living in a society increasingly free of the harms associated with substance abuse” (Health Canada, 2004). The Strategy comprised four pillars, and as part of the treatment pillar, the DTCFP was expanded to fund four new courts.

With the October 2007 announcement of the National Anti-Drug Strategy, the government has again renewed its commitment to programs such as DTCs and the DTCFP that combine

treatment and enforcement through such measures as extra-judicial treatment and diversion programs. The Strategy represents a significant commitment to addressing Canada's drug problems; it includes \$300 million in new funding over five years, as well as \$576 million over five years in reoriented funding and funding from the CDS. The goal of the Strategy is to "contribute to safer and healthier communities through coordinated efforts to prevent use, treat dependency and reduce production and distribution of illicit drugs". The DTCFP falls under the Treatment Action Plan, the objective of which is to "support effective treatment and rehabilitation systems and services by developing and implementing innovative and collaborative approaches" (DOJ, 2008).

#### **4.1.2. Continued need for the DTCFP**

The relationship between drug use and crime is complex. Although few Canadian studies have examined the direct relationship between drug use and crime, other research reports, particularly from the United States, have indicated that the two are clearly related. In fact, studies of incarcerated persons in the United States show that approximately a third of convicted offenders committed their crimes under the influence of drugs (excluding alcohol). The few Canadian studies that have been conducted show similar findings. For example, one study conducted by Pernanen, Cousineau, Brochu, and Sun (2001) found that 32 percent of inmates in Canada were addicted to illicit substances, and 35 percent were intoxicated with drugs or some combination of drugs and alcohol at the time that they committed their most serious offences (Newton-Taylor, Naymark, & Coote, 2007, p.3).

What these studies suggest, and what proponents of DTCs argue, is that even though drug dependency does not inherently lead to criminal behaviour, the high cost of obtaining illicit drugs does result in increased criminal activity—particularly crimes of acquisition, drug-related violence, and non-commercial trafficking. In addition to its relationship with criminal activity, addiction has also been linked to numerous socioeconomic and behavioural outcomes including homelessness, unemployment, violence, family conflict, as well as mental and physical health issues. Drug-related crime is particularly visible in urban centres, where unsafe drug use has been linked to numerous public health issues, including HIV/AIDS, and is related to public disorder which affects the community as a whole (Werb et al., 2007, p.12; TDTC & CAMH, 2005, p.4). Advocates of DTCs argue that untreated dependency costs the public a great deal, mainly through the direct and indirect costs of crimes that are committed to finance drug dependency (Informal expert working group, 1999).

The main rationale given for DTCs is that the traditional judicial system does little to treat addictions, even though the rate of recidivism among people with drug dependencies is very high, and these dependencies are thought to cause, or at least contribute to, much drug-related crime. As an alternative to the traditional system, DTCs are based on therapeutic jurisprudence. This approach provides court-supervised treatment as an alternative to the criminal justice system that emphasizes incarceration, probation and parole without provisions for accompanying treatment (Hora et al., 1999; Canadian Centre on Substance Abuse, 2007). The belief is that through a combined system of enforcement and treatment, where non-violent offenders receive intensive treatment instead of incarceration, offenders will be better able to overcome their addictions, avoid future criminal behaviour, and improve their socioeconomic situations.

This view was firmly held by key informants and survey respondents to this evaluation, most of whom are experienced criminal justice professionals or addictions treatment specialists. Key informants referred to the regular court system as a revolving door because it does not address the causes of criminal behaviour for this population: addictions coupled with the expense of maintaining the addiction and getting drugs. They indicated that one of the strengths of DTCs is that they provide participants with focused, intensive treatment. Additionally, they give participants access to coordinated services such as treatment counsellors, nurses and psychologists. These programs also increase participants' social stability by helping them find suitable housing, income assistance, education and employment. Even if participants do not graduate from the program, many of them have reduced their drug use and learned skills to cope with and manage their addiction and criminal thinking behaviours. Correspondingly, 14 percent of survey respondents considered the regular court system as effective as DTCs in breaking the cycle of drug use and criminal recidivism and almost nine-tenths believe DTCs provide a needed alternative to incarceration for drug-related crimes.

Literature has indicated that specialized drug courts have shown promising results, particularly for reducing recidivism (United States General Accounting Office 2005; Gottfredson, Najaka, and Kearley, 2003). In fact, four recent meta-analyses of research studies concluded that DTCs have reduced recidivism on average by approximately 7 to 14 percentage points (Aos, Miller, and Drake, 2006; Latimer, Morton-Bourgon, and Chretien, 2006; Shaffer 2006; and Wilson, Mitchell, and MacKenzie, 2006).<sup>6</sup> As a result of these signs of success, the number of drug courts has continued to increase. For example, in the United States the number has grown from about 700 in February 2000 (James and Sawka, 2000) to over 2,100 today (<http://www.nadcp.org>).

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<sup>6</sup> These studies indicate that the findings are tentative due to the weak methodologies of many of the underlying studies.

Given their experience and the available evidence, most key informants believe there is a continued need for the DTCFP. They indicated that without designated funding, some DTCs would likely shut down and others would need to reduce the number of participants they serve or reduce the level of programming they offer. The nature of the DTCFP funding recipients makes this outcome likely; two of the six funding recipients are provincial government departments, three are treatment providers, and one is a charitable foundation. At many of these DTCs, the provincial governments typically make in-kind contributions as opposed to monetary contributions, which means federal funding is critical for their ongoing operations.

## **4.2. Program Design and Implementation**

The evaluation considered the design and implementation of the DTCFP as well as the DTCs.

### **4.2.1. Ability of the DTCFP to support and deliver the program**

The main activities of the DTCFP are to develop and manage contribution agreements with DTCs; to conduct communication activities to disseminate information on DTCs; and to support research, performance measurement and evaluation activities (Department of Justice Canada, 2006, p. 6)

#### **Development and management of contribution agreements**

The evaluation found that the DTCFP has effectively developed and managed the DTC contribution agreements. In accordance with its mandate under the renewed CDS, the DTCFP has continued funding the original sites of Toronto and Vancouver and has expanded the number of DTCs to other regions of Canada. The DTCFP issued a call for proposals in December 2004 and seven proponents responded by the January 2005 deadline. After a review process, four expansion sites were funded — Edmonton, Winnipeg, Ottawa and Regina.

The evaluation did not find many concerns with the administration of the contribution agreements. While most key informants were not sufficiently involved to provide comments, those few that could noted the flexible approach taken by the DTCFP that allowed the DTCs to determine their model and address local concerns.<sup>7</sup> DTC sites also supported the more intensive interaction with the DTCFP when they were beginning operations (e.g., biannual Director

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<sup>7</sup> However, it was also pointed out that because court services are within provincial jurisdiction, the federal government cannot impose a DTC model.

meetings and monthly teleconferences). As would be expected, the level of consultation has diminished as the program has matured. However, some key informants did think that more opportunities for in-person meetings or conference calls among different DTC groups (e.g., Directors, Crowns) would be useful.

Of the few key informants who could comment on the reporting requirements under the contribution agreements, most found the expectations reasonable and not difficult to meet. That being said, some did note that they had occasionally been late with the reports due to competing priorities in operating the program.

The DTCTFP has experienced some challenges in administering the contribution agreements that were unanticipated. The original expectation was that provincial government departments would apply for funding. Instead, NGOs are the funding recipients in four of the six DTC sites. This has created a few unforeseen situations to which the DTCTFP has responded to the extent it can; however, some of these situations are outside of its direct control.

First, the original terms and conditions of the contribution program limited the federal government's contribution to 50 percent of eligible expenses. This limitation proved onerous for NGOs as start-up costs were substantial and the provincial contributions were primarily in-kind (court costs) and would come only after the DTC was operational. The situation jeopardized the start up and operations of the new DTCs. As a result, the DTCTFP successfully requested that the terms and conditions be changed to allow for federal funding to cover up to 100 percent of eligible costs to the maximum annual funding allowed per site.

Financial issues remain, however, due to some NGO funding recipients' limited access to cash flow. Both the Treasury Board Secretariat's Transfer Payment Policy, which was in effect at the inception of the DTCs and restricted advances to one month for contribution agreements of this amount, and the 10 percent holdback of funds until receipt of the audited financial statements and annual progress reports from the DTCs, have proved burdensome for some NGOs. Although the new transfer policy (October 2008) has relaxed the restriction on advances, the DTCTFP must continue to operate under the existing terms and conditions of the program until new terms are approved by the Treasury Board. The original intent was that funding recipients would be able to cover costs and be reimbursed according to the terms of the contribution agreements. One suggestion for lessening the financial burden on funding recipients was including a cost-of-living adjustment in the contribution agreements; however, cost-of-living adjustments are difficult to provide because the DTCTFP is operating under a funding cap.

Another unanticipated effect of the funding recipients being NGOs is that the Department cannot require them to provide financial statements of provincial costs. Without this information, it is difficult for the Department to determine accurate global costs of the DTCs, limiting its ability to conduct a thorough cost-effectiveness study.

### Communication activities

The DTCCFP has three main communication activities, which primarily target DTC staff or members of the CADTC.

- The purpose of the DTC electronic bulletin board is to provide an accessible space to promote dialogue among DTC stakeholders. Hosted through the Department’s Web site, users must register and receive a password in order to access the site.
- The purpose of the CADTC is to support and promote DTCs by providing a forum for sharing best practices and by disseminating information on DTCs. CADTC meetings/conferences are primarily funded by the Department. To date, there have been two conferences and one roundtable. These meetings address a variety of topics and include informational sessions on DTCs in Canada and elsewhere as well as opportunities to share best practices.
- The purpose of the Department research reports on DTCs is to provide supplemental information that would be useful to stakeholders and others interested in testing alternative approaches to incarceration within the criminal justice system.

The evaluation found varied limited awareness/use of these activities, depending on the stakeholder group or type of communication activity. Members of the DTC team were more likely than other stakeholder groups to have used most of these DTC information sources, as shown in Table 6.

**Table 6: Use of DTCCFP information sources**

	Overall	DTC team	DTC governance	Other stakeholders
	% used source			
	(n=88)	(n=22)	(n=25)	(n=41)
CADTC meetings/conferences	51%	73%	52%	39%
DOJ research reports on DTCs	38%	50%	56%	24%
DTC electronic bulletin board	25%	50%	8%	22%



The evaluation found through the interviews and the survey that the CADTC meetings/conferences are very useful. Key informants who had attended them agreed almost unanimously that the conferences provided excellent opportunities for networking and sharing information and best practices across the DTCs. Just over 70 percent (n=32) of survey respondents who had attended considered them to be useful.

Few key informants commented on the other DTCFP communication activities, although some noted that usage of the electronic bulletin board spikes around the CADTC conferences and then drops off substantially, which limits its relevance. However, a few key informants found the bulletin board to be a good forum for posting questions. Survey results also reflected the lack of enthusiasm for the bulletin board with just over one-third (36 percent, or n=8) of users rating it as useful. Departmental research reports received little comment in interviews. Survey results showed that 39 percent (n=13) of users found them useful.

### **Collect information and data on the effectiveness of the DTC**

This activity is central to one of the objectives of the DTCFP, which is to collect information on DTC effectiveness “in order to promote best practices and the continuing refinement of approaches” (Department of Justice Canada, 2006, p. 4). The DTCFP and the DTCs have undertaken substantial work in this area, but the current systems and processes in place to collect information on the effectiveness of DTCs require improvement.

Although the *Overview of the National Performance and Evaluation Reporting Requirements* (Department of Justice, 2006) anticipates the ability to aggregate the information from the site progress and evaluation reports, current data are not consistently and reliably kept, and the methods of reporting outcomes do not result in comparable information. As a result, the evaluation cannot provide cross-site comparisons or combined results across sites for most of the outcomes identified for the DTCFP. This situation is a long-standing issue for evaluating DTCs. These courts have been in use longer and studied more extensively in the United States, but decades later, lack of uniform measures and weak empirical evidence still makes drawing generalizations about the effects of DTCs difficult (Heck, 2006; United States General Accountability Office, 2005).

Until the recent advent of the DTCIS, the primary method for generating performance information was the individual DTC process and outcome evaluations. The DTCFP allocates \$50,000 annually to each DTC site to enable it to meet its performance and evaluation reporting

requirements (Department of Justice, 2006, p. 36). Five of the six sites produced process and outcome evaluations in 2007–2009.<sup>8</sup>

The evaluation reviewed these individual DTC evaluation reports and found working with the information challenging. The DTCFP requires that DTC sites develop their own evaluation plans, and although the *Overview of the National Performance and Evaluation Reporting Requirements* (Department of Justice, 2006) provides some guidance for performance measures, the outcome evaluations demonstrate that more detailed direction is necessary in order to ensure that site evaluations report on comparable data. For example, abstinence or reduced drug use can be measured in a variety of ways (e.g., average length of sobriety from drug screens, average number of failed tests during a particular time period, self-reporting) and reported on for different groups (e.g., all participants, only graduates) and different timelines (e.g., last 30 days, comparisons by different intervals during the program). Because the sites report on results using different measures, different groups and different time frames, teasing out generalizations about the findings is challenging. In addition, some outcome measures are particularly subject to interpretation (e.g., enhancing social stability). To enable evaluations to present comparable findings will require central coordination on key measures to track. This is not to say that sites cannot also develop other outcomes and measurement strategies, but for the purpose of the DTCFP evaluation, some common measures would be appropriate.

The DTCFP has worked to develop a system to gather consistent performance information through the development of the DTCIS. By building standard measures into that system, the issue with comparability of the site evaluation findings will be largely moot. Although the ability to use the data is currently limited (see Section 3.5), the database will produce useful statistics over time. The DTCIS was designed to capture dates and other information surrounding key activities such as court appearances, treatment activities and urine drug screening. As ongoing and consistent data entry evolves at each DTC site, an analysis of these activities over time will be possible.

In addition to its role in gathering performance data, the DTCIS has a case management component. The Department developed the system in consultation with representatives of the individual DTCs. In spite of this, none of the sites reported using the DTCIS as a case management tool and instead prefer their own case management forms or systems. Shortcomings associated with the DTCIS include that it does not capture necessary qualitative information for case management, and that the database does not adequately capture the work of the DTC

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<sup>8</sup> As noted in Section 3 (Methodology), Vancouver is currently conducting an evaluation that is not yet available.

program. DTCs were divided on whether the DTCIS provided helpful statistics for their purposes. The system is primarily considered a method for generating reports for the Department. Survey results supported these findings with just under half of respondents reporting that the DTCIS was useful to the management and operations of the DTC, although just over one third did not provide an opinion.

#### **4.2.2. Design and implementation of DTCs**

The individual DTC process and outcome evaluations provide extensive descriptions of the program elements of each DTC. Therefore, this evaluation considers the main design features across the sites, noting any major differences, and focuses on common themes in implementing the DTCs.

#### **Program reach**

Specialized drug courts serve high-needs clientele. In addition to having criminal backgrounds and serious addictions, participants face additional challenges, such as poor employment history, low levels of education, health and/or mental health problems, and lack of stable housing. The DTCTFP also targets certain marginalized groups: youth (operationalized as 18 to 24 year olds), Aboriginal men and women, and street prostitutes.

Attracting individuals from these backgrounds into a highly structured, demanding program requires effort, particularly when some potential applicants may be facing only fines or minimum imprisonment (e.g., offences relating to prostitution). The evidence shows that the program is reaching some of these populations, although it is facing challenges with several groups. Data from the site outcome evaluations shows that the program is reaching economically disadvantaged individuals, as many are unemployed upon entry and/or have unstable housing situations. Many participants also report mental health issues and physical health concerns. The program is generally having the most success attracting men and older adults. Youth and women have proven to be more challenging groups to reach. Table 7 provides results.

**Table 7: Participant characteristics**

	Toronto*	Edmonton	Winnipeg	Ottawa	Regina
<b>Gender</b> (% M/F)	79/20	49/51	60/40	77/23	63/36
<b>Age</b> (average or distribution)	37	27% 18-24 63% 25-44 9% 45+	31	36	31% 18-29 45% 30-39 24% 40-53
<b>Ethnicity</b>					
Caucasian	66%	49%	59%	N/A	N/A
Aboriginal	N/A	45%	40%	N/A	67%
Other	34%	6%	1%	N/A	N/A
<b>Education</b>					
Less than high school	18%	26%	3%	N/A	36%
Some high school/completed high school	70%	55%	88%	61%	61%
Some post-secondary	12%	19%	7%	N/A	N/A
Other	--	--	2%	--	--
<b>Unemployed at entry</b>	69%	82%	66%	87%	55%**
<b>Mental health concerns (self-reported or suspected)</b>	41%	N/A	N/A	56%	68%***
<b>Physical health concerns</b>	44%	N/A	N/A	62%****	45%
<b>Housing—no fixed address or shelter</b>	40%	27%	N/A	72%	N/A

*Source: Site outcome evaluations.*

*\* Toronto data includes applicants who were not accepted into the 30-day assessment.*

*\*\* Unemployed for much of last three years*

*\*\*\* Participants reporting serious depression.*

*\*\*\*\* Participants reporting Hepatitis C*

The site evaluations and interviews shed light on the difficulties attracting target groups to the program:

- Youth are less motivated to address their addictions because they have not yet experienced many of its negative consequences. Although it was recognized that youth would likely benefit from separate programming, this is not currently available at any of the DTCs.
- Attracting Aboriginal men into the DTC program is not generally identified as a concern, although attracting women is an issue as well as retaining Aboriginal people.<sup>9</sup> Sites have tried to encourage participation by either directly offering or referring Aboriginal participants to Aboriginal-specific programming. However, some key informants identified

<sup>9</sup> Although the Winnipeg outcome evaluation did not discuss encouraging Aboriginal applicants as an issue, it noted that retention was. In addition, the percentage of Aboriginal participants declined between the process and outcome evaluations.

the need for more culturally appropriate programming, including separate Aboriginal groups. Three sites have one Aboriginal staff member (community and cultural liaison worker at Regina, intake worker at Vancouver, and a counsellor at Winnipeg).

- Some sites consider attracting and retaining women to be an issue, which is supported by the data, as men comprise the vast majority of participants in four of the five DTCs for which there are data (see Table 7). Women present unique challenges because many have multiple issues such as past victimization and prostitution. Compared to men, they experience greater degrees of poverty and mental illness. They are also more likely to have difficulties focusing on their recovery because of children and family responsibilities (D'Angelo and Wolf, 2002).

In addition to these personal barriers facing individual women, the DTC program has additional obstacles due to lack of gender-specific programming and adequate housing for women. Sites recognize the issue, although not all have the resources to address it.

Toronto has considered attracting and retaining women a long-standing challenge. It has formed the Women and Children's Sub-Committee of its Community Advisory Committee, which has assisted the program in assessing the needs and issues of female participants. As a result, Toronto now offers separate programming for women and has a peer facilitator. These are recent developments so their success cannot yet be assessed. Ottawa is also planning to develop gender-specific programming.

Other sites desire to provide separate programming for women but have found it logistically difficult. Smaller sites like Regina and Winnipeg do not have sufficient staff to offer gender-specific programming for all phases of the program. Even larger sites like Vancouver have had to reduce their responsiveness to women's concerns. While Vancouver used to provide separate court dates for men and women, the size of the program and scheduling considerations caused them to halt this practice.

The DTCs are also intended to target sex trade workers, who are particularly difficult to attract because the sentences they would receive are typically short, reducing the incentives to enter the program, and there are strong monetary incentives for remaining on the street. They are also even more likely to have suffered some form of abuse. Some sites believe they are successful in recruiting this target group. In particular, the Edmonton evaluation found that approximately 41 percent of eligible female applicants were involved in prostitution,<sup>10</sup> and 37 percent of female

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<sup>10</sup> This is based on eligible applicants for whom the information is available.

participants in the Regina evaluation report past prostitution charges. Ottawa, Toronto and Vancouver did not have comparable data, but DTC team members generally believe they are reaching this group. The Winnipeg evaluation concluded that the program has not been successful in recruiting sex trade workers. Regardless of success in recruiting sex trade workers, all sites report that retention is a factor and again point to the need/desire for specialized programming.

Survey results reflect these challenges as about one third of respondents consider the DTCs effective in reaching its target groups.

### Eligibility and admission

As noted in Section 2.0, the eligibility criteria across the sites are similar. The most common criteria are that the offence must be non violent, motivated by the drug addiction, cannot be for commercial gain, and must not involve children under the age of 18. The fundamental intent of the DTC program is to divert serious drug-addicted offenders out of the correctional system and into treatment in order to halt the cycle of addictions and criminal behaviour. Also at the core of the program is that offenders admitted to the program should not pose a public safety threat. Based on the information available, the DTCs are admitting appropriate individuals into the program.

The DTCs have admitted individuals with serious drug addictions. By far, the most common drug used is some form of cocaine, as shown in Table 8.

**Table 8: Drugs of choice reported by participants at time of admission**

DTC	Drugs
Toronto	78% Crack/Cocaine 50% Marijuana 11% Oxycodone 10% Heroin
Edmonton	N/A
Winnipeg	61% Cocaine/Crack 22% Crystal Methamphetamine
Ottawa	82% Crack Cocaine 27% Cocaine (powder) 10% IV cocaine 66% Marijuana 13% Oral opiates 20% IV opiates

DTC	Drugs
Regina	96% Cocaine 71% IV Cocaine 81% Other
<i>Note: Multiple drugs could be listed. Totals may sum to more than 100%.</i>	
<i>Source: Site outcome evaluations</i>	

Based on available data, most DTC participants are involved in drug-related non-violent crimes, as shown in Table 9. This conforms to the expectations for DTC participants and indicates that the appropriate individuals are being targeted. The only site to explore this further is Winnipeg, which is using the Institutional Security Assessment instrument and the Primary Risk Assessment tool. Based on these instruments, Winnipeg can compare the level of risk with other offender groups. The site evaluation concluded from this comparison that Winnipeg is admitting appropriate individuals as they are lower risk than adult remand or sentenced offenders but higher risk than offenders with traditional probation or conditional sentences. Given that the program wants to protect public safety but also address a high risk, high need population, the level of risk was considered appropriate.

**Table 9: Types of charges at time of admission**

DTC	Charges
Toronto	58% Trafficking 50% Administration of Justice 38% Property 27% Drug possession 18% Violence 9% Possession for purposes of trafficking 20% Other
Edmonton	74% had at least one <i>Controlled Drugs and Substances Act</i> offence
Winnipeg	57% Trafficking 14% Burglary 9% Fraud 7% Theft 7% Robbery
Ottawa	41% Administration of Justice 29% Property 13% Drug-related
Regina	N/A
<i>Note: Multiple charges could be listed. Totals may sum to more than 100%.</i>	
<i>Source: Site outcome evaluations</i>	

The current profile of DTC participants shows that they are primarily charged with non-violent offences. However, some sites are exploring expanding their eligibility criteria. Vancouver has begun accepting participants with a past history of violence on a case-by-case basis, taking into consideration the safety of the public as well as the treatment staff. Similarly, the Toronto outcome evaluation suggested expanding eligibility requirements to this offender group in a way that is mindful of the public safety concern. The rationale is that the current criteria, if strictly applied, excludes individuals who should be part of the targeted client population (e.g., sex trade workers who often have criminal records that include some violence or persons with past domestic violence related offences).

Based on survey results, the admission criteria and the screening process are considered appropriate by about two-thirds (68 percent) of respondents who are members of a DTC team, but there is less consensus among DTC governance committee members (48 percent).

### **Court component**

The court component is similar across the DTC sites. As part of the DTC bail conditions, participants must attend scheduled court appearances (which vary in frequency across the sites), submit to random urine screens and attend treatment, in addition to other conditions such as curfew, boundaries, or association restrictions.<sup>11</sup> Progress of participants is reported at pre-court meetings that involve representatives of the court and treatment team. Decisions are made by the DTC team on whether to provide rewards or incentives for positive achievements or sanctions for non-compliance. These decisions are described as consultative or consensus-based in all sites, although some DTC team members contest whether this decision-making style always occurs (see further discussion under “Working relationships between court and treatment teams” below). Types of rewards used vary by DTC, and include verbal praise and encouragement from the judge, applause from those assembled at court, more generous curfew times, monetary items such as coffee cards or other gift cards, early leave from court (not required to remain for the entire session), or less frequent court appearances. Sanctions include admonishment from the judge, community service hours, mandatory attendance at therapeutic meetings, or bail revocation (described as a sanction of last resort). Across all the sites, rewards were used more often than sanctions.

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<sup>11</sup> Frequency of court appearances varies. Toronto and Ottawa initially require participants to attend court twice a week, which is reduced over time to once a week and then (in Toronto) to once every two weeks. Vancouver, Edmonton, Winnipeg and Regina initially require weekly court attendance, which can be reduced as a reward for progress in the program. Length of court sessions also varies across the sites.



The system of rewards and sanctions is credited with having a largely positive effect by encouraging participants to comply with DTC conditions and helping them remain in the program. The relationship with the presiding judge is considered vital to the effectiveness of rewards and sanctions. In fact, many participants acknowledged that the opinion of the judge was important to them and praise from the judge kept them motivated. As a graduate stated, *“I felt the recognition of people I have been running from my entire life. People I’ve—for a lack of a better term—greatly disliked, for example, legal officials and the law. The fact of being recognized by them for ... just showing up meant a lot, because I spent most of my life not showing up.”*

Almost all participants interviewed believe that the court appearances help keep them “on track.” Court attendance provides them with a needed routine and structure, sanctions serve as a good deterrent, and rewards are motivational. A few participants commented that sanctions are used inappropriately, but they were evenly divided between finding them too tough and too lenient.

Survey results reflect general support for the structure of the court component. Most respondents agree with the intensity of the court appearances (68 percent), the appropriateness of bail conditions (68 percent), and use of rewards (61 percent). Agreement that sanctions are used when they should be is lower (48 percent). This may reflect the concern expressed in some DTC sites that sanctions are not consistently applied.

The following comments from case study participants illustrate the effect of the court component as providing needed structure and encouragement:

- *Going to the court twice a week I again was establishing a routine. Every Tuesday every Thursday, you know. You get that routine after a while and it helps you stabilize, you know. Some kind of regular routine is very important when you are getting off hard drugs. If you got too much time on your hands, you are in danger. [Non-completer]*
- *They are small rewards, but they are nice rewards. They’re thoughtful, and when you actually see someone receive one, it’s like a boost. It actually does, it makes one want to have one themselves. And yeah, they’re small rewards, but in actuality, they’re huge—in what they actually do. [Graduate]*

Although key informant and participant opinion supports the view that rewards and sanctions are affecting compliance with DTC conditions and helping participants complete or remain in the program, there is currently no quantitative data to support this. The site evaluations did not

explore this issue, and the information required for this analysis has not been consistently entered into the DTCIS.

### ***Site evaluations' assessment of participant compliance***

The site evaluations offer some additional information about participants' compliance with DTC conditions. Three sites reported on this issue, although they used different measures. With the exception of Edmonton, none of the site evaluations analyzed differences in compliance among graduates and other participants, nor did any of them investigate what factors might compel participants to breach their conditions. Edmonton reported that:

- 41.3 percent of participants attended court every time they were expected to attend
- 51.5 percent of participants were entirely abstinent according to drug screens.

The Edmonton evaluation also found that graduates were compliant a greater percentage of the time compared to those who withdrew from the program. This finding is not particularly revealing in itself, since we would expect that participants who continually breach their conditions will eventually be discharged from the program. In fact, the Toronto evaluation reported exactly that: the percentage of participants breaching conditions increased over time, then decreased sharply in the final months—a pattern the evaluation attributed to attrition.

### ***Site design changes related to the court component***

Recognizing that relapse is part of treatment and reflecting a decision to use specific program elements to engage participants and help stabilize them, one site (Vancouver) has changed its approach to both bail conditions and sanctions in the last two years. For bail conditions, Vancouver found that participants were often being placed in detention for violations (e.g., violating curfew) which kept them out of treatment. As a result, bail conditions were largely reduced to reporting to the treatment centre and abiding by its conditions, which they believe has enhanced their ability to stabilize participants. As for sanctions, Vancouver only uses them to reengage the participant in treatment, so missed urine screens or appointments are not sanctioned if the participant is engaging in treatment and has a good relationship with treatment providers.

## Treatment component

The DTCs have two main types of delivery models for the treatment component: the brokerage model and the direct service model. Each site thought that its delivery model was generally working well in meeting participants' needs.

- The brokerage model does not provide services directly but instead refers participants to treatment programs. Edmonton uses this model and believes it works well by allowing them to craft individualized treatment plans for participants and by enabling participants to build relationships with community agencies that they can then continue to access once they leave the Edmonton DTC.
- The direct service model has several variants among the DTCs. This model offers treatment services directly, although the sites vary in the amount of services, treatment or otherwise, that they offer. Sites such as Vancouver and Regina are dedicated DTC treatment centres that consider themselves “one-stop shops” as they provide treatment services, cultural services, assistance with accessing social services, and some health care services. The sites with this model believe that it works well because it offers the client group the stability and structure that coming to one location every weekday provides. These sites also noted that this model is efficient as it facilitates communication among treatment staff. Some sites offer services directly but from pre-existing treatment centres, such as Toronto (CAMH) and Ottawa (Rideauwood). These sites believe they offer participants a diversity of programming through their existing resources (e.g., access to women's programs and Aboriginal group sessions). Finally, Winnipeg offers in-house treatment services on a more limited basis and refers participants to other community resources for many types of programming and services. By requiring participants to attend programming in other community agencies, Winnipeg believes that it will increase participants' chance for long-term success because they will have established links in the community.

Stakeholders generally believe that the treatment program works. Almost two-thirds (64 percent) of survey respondents believe that the treatment program is sufficiently intensive. In interviews, DTC team members emphasized the length and intensity of the program, regardless of the delivery model. Primarily this feature of the program was considered to be an attribute as it provides needed structure for participants, and, as some noted, is more demanding than many conditional sentences. However, some DTC team members acknowledged that the requirements of the treatment program can make it difficult for participants to achieve other outcomes during the program, such as education and training or employment.

Case study participants were unanimous in their praise for the program. They found the treatment staff to be non-judgmental, dependable, always available to talk, and helpful in finding supports they needed. The following are examples of the comments made:

- *The whole program, and especially all the counsellors, are really understanding toward being an addict. They know that you are going to make mistakes and you are going to slip up. Every other program I've been to wasn't like that—one slip and you are out usually. [Non-completer]*
- *The program is really awesome, don't get me wrong, but it was frustrating and I was here for so long and I just couldn't stay off the drugs. I think I wasn't doing enough on my own to coincide with the program. For me, it was just trying to stay clean that was the hardest part. Maybe if it had been a little more like a 12-step program. I find it is always easy when you're here, but it's so hard when you walk out the doors. [Non-completer]*

The site process and outcome evaluations also judged the treatment programs at the DTCs to be effective, although most offered recommendations for improvements. The sites have made changes to the treatment component to respond to the earlier site process evaluations and the outcome evaluations have suggested some additional improvements. Table 10 shows that there are few themes for improving the treatment component as one might expect given that each operates so differently. The few commonalities across at least two sites are working to provide programming responsive to the target client groups, particularly women and Aboriginal people, and to build more flexibility into the treatment component when warranted.

**Table 10: Treatment component—site evaluation findings**

<b>DTCs</b>	<b>Improvements (response to process evaluation)</b>	<b>Recommendations</b>
Toronto	Process and outcome evaluation conducted simultaneously	<p>Toronto developed a women's treatment stream and hired a peer facilitator. The program should continue its work to attract more women into the DTC.</p> <p>The program should consider establishing a quit date for substance use to serve as a goal for participants.</p> <p>The program should consider increasing the use of substantial compliance exit mechanism so those in program for a substantial period who have made improvements can have a dignified way of leaving the program.</p> <p>Increase peer support and mentoring.</p>

DTCs	Improvements (response to process evaluation)	Recommendations
Edmonton	Not included in outcome evaluation	None offered.
Winnipeg	Winnipeg responded by increasing the flexibility in the program by modifying group times, tailoring the length of the program to the individual, and developing individualized markers of success for which participants could receive rewards. The DTC also expanded community involvement through its Treatment Committee and more referrals.	The program may be unnecessarily stringent for low-risk participants who are doing well.  The program should consider developing race and gender-specific programming to better reach targeted populations like Aboriginals and women.
Ottawa	Ottawa responded by increasing its programming and building in a focus on criminogenics (criminal thinking and behaviour). New clients in Phase 1 of the program are now involved in treatment, treatment-related, or court activities from 9 a.m. to 3 p.m. Monday to Friday.	Ottawa should consider more structured program for Phase 2 participants as part of relapse prevention. Phase 2 should also work toward integrating participants into the community and with community resources in order to build their resiliency.
Regina	Regina introduced the Criminal Thinking and Lifestyles Program as well as Aboriginal-centred programming (Grief and Loss, Traditional Parenting, and the Medicine Wheel and 12 Steps).	None offered.

### Working relationships between court and treatment teams

The DTC therapeutic jurisprudence model requires a multidisciplinary approach that includes legal and treatment professionals. However, in this innovative setting, the scope of practice is not as clearly delineated, and in areas of overlap, such as defining progress for participants, determining sanctions/rewards, and deciding whether to retain participants, tension can arise. Most DTCs are taking proactive approaches to ensure good communication so that disagreements in approach do not fester. Critical to the sense of professional respect needed to avoid discord is open dialogue at the pre-court meetings.

Developing an understanding of roles and responsibilities tended to be a more immediate problem in the expansion sites. Older sites referred to this challenge as one of their “growing pains,” although they acknowledged that issues can still arise. Sites that identified this challenge referred to the relationship between court and treatment teams as “not well-defined,” “lacking effective collaboration,” and “not consultative.” On occasion, the treatment team believes their professional judgment is not properly considered, and the court team emphasizes the fact that the program is part of a court process. Another issue concerns differences of opinion on the amount and type of information that the treatment team should share with the court team. Some treatment

team members perceive the court team as wanting more information than they would share at case management meetings. The only site that did not mention experiencing these difficulties was Edmonton, which does not directly provide treatment services.

Most sites have undertaken ongoing measures to reduce tensions and increase understanding of roles. These activities include cross-training, regular retreats with the court and treatment teams, and even mediation. Some sites noted that the lack of continuity in the DTC team has exacerbated the problem, which is why orientation training and written policies and procedures (activities considered lacking) are important.

In spite of this challenge, survey results generally show strong collaboration, although fewer respondents believe that the collaboration is strong between the teams or that the roles and responsibilities are clear. Please refer to Table 11.

**Table 11: Roles and responsibilities**

	Overall	DTC team	DTC governance	Other stakeholders
	% Agree			
	(n=88)	(n=22)	(n=25)	(n=41)
There is strong collaboration among the court team.	72%	82%	72%	66%
There is strong collaboration among the treatment team.	67%	82%	64%	61%
There is strong collaboration between the court team and the treatment team.	59%	73%	52%	56%
The roles and responsibilities of each DTC stakeholder group are sufficiently clear.	53%	73%	48%	46%

*Note: Percentages shown represent those who rated their level of agreement with each statement as a 4 or 5 out of 5.*

### Governance structure

As with any new program, the expansion DTCs continue to work on developing their governance structures. In the process evaluations, two sites received suggestions for improving these structures (Winnipeg and Regina) and both have responded. Winnipeg developed policies to clarify and document the structure and composition of the Steering Committee. Regina has reduced the size of its governing body, which the process evaluation had found to be too large, and has begun to meet more frequently.

There is a wide range of governance structures across the six sites. Smaller sites have one formal committee overseeing the program (Regina), while larger sites are more likely to have a layering of committees. For example, Vancouver has a Steering Committee for higher-level policy matters and an Operations Committee to handle line-level operational issues. Across the sites, committee meeting schedules range from twice a month to about once every three months.

Governing committees also vary in terms of their composition. Some include more DTC team representatives and/or community representatives, and others focus more on partner representatives at the provincial ministerial level. This difference appears to be due to the type of funding recipient, but also partly to the delivery model. For example, the “one-stop shops” with provincial department funding recipients tended not to include community members, while the direct service delivery models with NGO funding recipients either have community advisory committees that include partner organizations and agencies, such as women’s programs, housing/shelters and community health centres, and/or have community members who serve on their governing committee.

Comments in some sites demonstrated some concern about the mix of treatment and court representatives on the committees and the need to ensure that the positions of each program component are represented at the governance committees. Only one site, Toronto, had an alumnus on a governance committee.

These differences and the continued evolution of governing committees demonstrate that the oversight structures of the DTCs are responding to the needs of each DTC. The evaluation did not find major concerns about the adequacy of the governing structures. Survey results support this finding, as two-thirds of the DTC team and governance committee respondents believe that the governance structure ensures that the DTC operates efficiently and effectively.

### **Gaps and challenges**

Two of the main challenges identified in the site evaluations as well as this evaluation have already been discussed: reaching target groups and understanding roles and responsibilities between treatment and court teams.

**Housing.** In addition to those areas, the evaluations identified lack of safe housing and treatment beds as a major challenge in four of the six sites. Lack of adequate housing compromises the DTCs’ ability to stabilize the participant. DTC team members reported poor success with participants who are in shelters or remain on the street (see additional discussion in Section 4.3

under outcomes). These high-risk environments continue to expose participants to the people and situations that have contributed to their addictions. At some sites (e.g., Edmonton), the lack of housing and treatment beds also limits the number of clients the program can accept because offenders must remain in custody until housing and/or treatment space is available.

Of the DTC sites, only Regina and Winnipeg did not report substantial difficulties finding suitable housing or treatment beds for participants. Regina has a financial worker who assists clients with housing and has strong links to provincial agencies and to landlords. Winnipeg attributed its ability to address participants' housing needs to its relationship with Addictions Foundation of Manitoba, which provides access to residential treatment, and its partnership with the Manitoba Housing Authority. That being said, the site outcome evaluation reported that participants interviewed identified housing as a major issue that staff sometimes overlooked.

Drawing from early progress reports, the DTCCFP recognized this challenge early in the mandate and worked to develop an MOU with the Homelessness Partnering Strategy of Human Resources and Skills Development Canada (HRSDC). This MOU recognized that the mandates of each program complemented one another and, together, would enhance the federal investment in this marginalized population. From this partnership, funding was provided to three DTC sites (Toronto, Vancouver and Ottawa). Although sites are addressing the housing issue, they all believe that more effort and funding are needed. For example, Ottawa has four beds through the John Howard Society and one priority spot with the Elizabeth Fry Society for a program with about 30 participants. Toronto has eight beds for men through the John Howard Society. Vancouver has hired a housing case manager to assist with finding housing for participants and has funds through HRSDC that provide subsidies for housing; however, that money ends in March 2009. Key informants also noted that the lack of safe and suitable housing for women is particularly acute and likely affects the ability of some sites to retain women in the program.

Other lines of evidence support these findings. When asked about unmet needs or potential improvements to the DTC operations, survey respondents identified housing as an area that needs to be addressed. In addition, case study participants suggested that offering "clean" housing would assist participants.

**Resource issues.** Most sites consider staffing and funding to be issues that affect program delivery. The level of funding limits the number of staff below optimal levels in some locations. Key informants cited heavy caseloads that limit the effectiveness of treatment staff, the ability to offer more specific programming (e.g., Aboriginal and women's groups), and the capacity of the program as three primary effects. In addition, many sites consider the housing issue to be so



acute and to have such an effect on the ability to achieve outcomes that additional funds directed to housing are necessary. Survey results also reflect these concerns as only one-fifth (19 percent) of respondents believe that the DTC can handle more clients given its current caseload and resources.

### **4.3. Outcomes**

As discussed in Section 4.2, the DTCFP targets marginalized and high-risk groups with multiple barriers to success, such as extensive criminal backgrounds, lack of education, poor employment history, mental health or other health issues, and past victimization. In addition, DTC participants have addictions to “hard” drugs, such as crack/cocaine, methamphetamine and heroin. Outcomes must be assessed in light of the numerous challenges faced by this population.

#### **4.3.1. Participant-level outcomes**

##### **Reducing participant criminal activity**

The DTCs have had limited opportunity to demonstrate their impact on recidivism as the majority of the sites have been operating for less than three years. Although findings from interviews with key informants, the stakeholder survey, and case studies with participants suggest that the DTCs are effective at reducing criminal activity, it is difficult for the evaluation to determine the extent of this success. Nonetheless, the evaluation offers several preliminary findings related to this outcome.

Key informants and survey respondents believe the DTCs contribute to reducing recidivism rates. Additionally, almost all or most key informants at several of the DTCs reported that only a few participants have reoffended while in the program. Many of the key informants interviewed, who have familiarity with the traditional criminal justice system, agree with this conclusion. The survey results also collaborate this finding, where 61 percent of respondents believe that the DTCs are effective in reducing criminal recidivism while in the program. However, fewer survey respondents (39 percent) believe the DTCs are effective in reducing criminal recidivism post-program.

Although the case studies did not directly ask participants whether they had reduced their involvement in criminal activity, many of the participants said they had taken courses about criminal thinking patterns. In addition, several spoke of life changes that indicate more

responsibility and accountability for their actions. For example, some mentioned that they have a stronger connection to society and care about themselves now. Some were either employed or involved in community work. A few reported learning how to manage and budget their money. The following two quotes represent participants' perspectives of the impact the DTC has had on their involvement in criminal activity.

- *I haven't done a crime since the day I came into the program. That is weird, bizarre. I never in my life dreamed that.* [Graduate]
- *Yeah, it improved my life even though I didn't graduate. I think I am less likely to get involved in crime now, after being in the program. A lot of my crimes were for shoplifting and car theft. I was doing all of that for money to get high. When I hung out here I was okay for food and things, so I didn't do those other things for money.* [Non-completer]

The DTC site evaluations were intended to have been a source of quantitative information on recidivism rates. Although four of the sites attempted to report on recidivism, they did not use comparable measures:

- Winnipeg reports recidivism rates for graduates and discharged clients
- Regina reports a recidivism rate for graduates only (currently 8 individuals)
- Toronto and Ottawa report recidivism rates based on all program participants, including those who absconded or were discharged from the program
- Edmonton did not have recidivism data at the time of the evaluation.

In addition:

- Recidivism rates for Winnipeg and Regina do not include participants who terminated their involvement in the program
- Toronto and Ottawa include new charges incurred by participants who ultimately terminated<sup>12</sup> their involvement in the program in the recidivism rate

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<sup>12</sup> The termination was presumably a result, at least in part, of incurring new charges.

Because of these differences in measurement, this evaluation could not roll up the information contained in the site evaluations in any meaningful way. That being said, some of the site evaluations did report positive outcomes. For example:

- The Winnipeg evaluation reported a 9.5 percent recidivism rate for program graduates, which, it observed, compares favourably with the recidivism rates for probation (28 percent), conditional sentences (32 percent), and provincial inmates (66 percent). Moreover, the recidivism rate for discharged cases was 29.5 percent, which was also lower than any other offender group except probation. The Winnipeg evaluation concluded that the DTC has reduced recidivism for both graduates and discharged clients, but cautioned that the results were preliminary.
- The Ottawa evaluation reported that, on average, 33 percent of 96 participants reoffended while in the program. Reoffending was more common in the first year of the program than in subsequent years (according to the evaluation, this was due to changes in the program). Only 12 participants reoffended subsequent to the first year of operation, and of these, only three did so while active in treatment.

Toronto did not show a stable pattern of recidivism: 7.1 percent of 43 participants incurred new charges during their first month in the program, followed by a steady increase in the percentage of participants incurring new charges during months 2 to 6, then a decrease in months 7 to 9, followed by another increase in months 10 to 12. As noted in the site evaluation, this pattern may be a function of attrition: most new charges were incurred by participants who absconded and were related to administration of justice (failure to appear at court or comply with probation orders). However, the Toronto evaluation did note that, of the new charges, only four were drug-related and these were for possession.

While these results suggest that the DTCFP is contributing to reduced recidivism, requiring individual sites to enter in-program recidivism data into the DTCIS and providing them with guidelines on how to calculate recidivism rates would enhance the Department's ability to track this outcome more formally. Additionally, requiring sites to follow up with former participants would provide data on post-program recidivism.

### **Reducing participant drug use**

As with recidivism, it is challenging to make definitive statements about the impact of the DTCs on participant drug use, both while they are in the program and after they leave the program. While reviewing these results, it is important to bear in mind that the program does not require

participants to immediately abstain from drug use. Conversely, the program recognizes that relapses are part of the recovery process and encourages participants to self-report any use. Therefore, as participants progress through the program, their volume and frequency of use may vary and they may switch from one type of drug to another. For these reasons, one would expect the program data to show inconsistent use during the program. Nonetheless, the data should demonstrate a decrease in use between pre- and post-program involvement. However, post-program use is not currently tracked.

The individual DTC outcome evaluations attempted to report on the program’s impact on participant drug use. It is not possible for this evaluation to report aggregate results for the site evaluations because they used different methods of reporting use. Some sites tracked drug use based on the results of urinalysis screens and other sites relied on participants’ self-reported use.<sup>13</sup> One site used a combination of these methods and it is not possible to determine what measures another site used.

The site evaluations do not yield conclusive evidence about whether the DTCCP is reducing participant drug use. Rather, they suggest different patterns of drug use among DTC participants.

Table 12 specifies the method each site used to track use and summarizes the pattern of use observed.

**Table 12: Drug use reported in the DTC outcome evaluations**

Site	Tracking method	Findings
Toronto	<ul style="list-style-type: none"> <li>Participant self-reports of drug use were confirmed by urinalysis results</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing substance use is a concern for this site</li> <li>The percentage of participants reporting crack/cocaine use decreased steadily over time (from 40% in month one to less than 11% by month seven), but then increased to almost 40% in months 10 to 12. Interview data suggests that this increase may relate to the prospect of graduation.</li> <li>The percentage of participants reporting marijuana use was fairly consistent over time, but the number of days they used marijuana increased over time.</li> </ul>

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<sup>13</sup> Additionally, one site did not report on drug use.

Site	Tracking method	Findings
Edmonton	<ul style="list-style-type: none"> <li>Participant self-reports for internal and external comparison groups</li> <li>Case management reports for current participants</li> </ul>	<ul style="list-style-type: none"> <li>Three months after entry into the program, 90.5% of former participants for whom data was available were reported to have been abstinent in the previous week</li> <li>Graduates were more likely to have been abstinent (100%) compared to those who withdrew before completing 28 days of programming (63.6%) and those who withdrew after completing 28 days of programming (77.8%)</li> <li>A comparison of a subgroup of Edmonton participants with court-involved (non-DTC) clients attending the same residential treatment program found that 100% of the program group were abstinent at the three-month follow-up compared to 63.6% of the comparison group</li> </ul>
Regina	<ul style="list-style-type: none"> <li>Reported individually on the drug use patterns of eight graduates/program completers</li> </ul>	<ul style="list-style-type: none"> <li>Found that “being clean for some weeks—or even months—is no guarantee of freedom from illicit drugs” (p. 7-7).</li> </ul>
Ottawa	<ul style="list-style-type: none"> <li>Not possible to determine</li> </ul>	<ul style="list-style-type: none"> <li>IV drug use decreased dramatically</li> <li>Found the daily amount spent on substances used by participants fell by an average of \$540.30 per day (comparing prior to entry v. in program)</li> </ul>
Winnipeg	<ul style="list-style-type: none"> <li>Did not report on use</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>

Despite the lack of conclusive evidence presented in the site evaluations, key informants and survey respondents believe the program is helping participants reduce their use of drugs.

Key informants indicated that the DTCs have been effective at reducing drug use among participants. They suggested that the following program components contribute to this outcome: random urine screening, the practice of giving positive reinforcement for positive screens, the practice of not sanctioning for positive screens if participants are honest about their drug use beforehand, and the highly structured nature of the program.

Similar to the survey findings on recidivism, 61 percent of respondents believe that the DTCs are effective in reducing participant drug use while in the program, whereas only 38 percent believe they are effective in reducing drug use post-program.

Some key informants cautioned that many participants are facing multiple challenges and therefore complete abstinence may be an elusive goal for them. Nonetheless, these key informants emphasized that a reduction in drug use should be considered a positive outcome.

Although the case studies did not systematically collect data about participants’ drug use, participants spoke generally about their use during and after completing the program. As the site

outcome evaluations suggested, case study participants confirmed that use varies throughout the program. Just under half the case study participants reported relapsing while in the program. However, all of the graduates interviewed<sup>14</sup> are currently clean, although some of them admitted to having at least one relapse since graduating. Nonetheless, several graduates and other case study participants said the program gave them the tools needed to overcome a relapse.

Case study participants reported that staying clean is one of the hardest parts of the program. Although participants believe personal motivation is the key determinant of whether someone will be successful, they identified several features of the program that can help participants on their path to recovery. They reported that encouraging honesty about use and recognizing that relapses will occur are two of the key components of this program that differentiate it from traditional treatment programs. Participants said that in a lot of other programs, you are expelled the first time you relapse. They also said that the length of this program encourages success because it gives participants the time they need to become clean. Other aspects of the program that are helpful are the court sessions (participants don't want to have to tell the judge that they used), the support of the treatment staff, and the coping skills that participants learn through the group sessions. Many participants also said that having access to housing where drugs are not being used and keeping busy are integral to their success.

Case study participants offered the following comments about the impact the program has had on their drug use:

- *I did really well in this program. They are still shocked that I didn't graduate. I had no use for three months and then slipped once. Then I was clean for like five months. The program taught me tools to change certain behaviours and to identify it before it even happens. You get to a point where you are clean, but you just want more things to happen...there is nothing that the program could have done differently.* [Non-completer]
- *I can walk by a crack house and not knock on the door, with money in my pocket.* [Active participant]

Although the impact cannot be quantified, the data collected through this evaluation suggests the DTCFP is having a positive impact on participants' drug use. Once this data is being routinely and consistently entered into the DTCIS, it will be invaluable for tracking participants' use while they are in the program. The collection of post-program data would facilitate analysis of pre- and post-program use.

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<sup>14</sup> These are not necessarily the same nine participants who reported relapsing.

## Enhancing social stability

One of the key intended outcomes of the DTCFP is the enhanced social stability of participants, which is demonstrated through improvements in their housing, education, and employment status. As little quantitative evidence of this outcome is available, the findings in this section are primarily qualitative.

Each of the site outcome evaluations report on the DTC’s contribution to participants’ social stability (except for Toronto); however, only Edmonton attempted to quantify this outcome. Although the sites used different methods of assessing their achievements in this area, and reported this information for different subgroups of participants, they generally found that the program has helped participants improve their social stability. Table 13 summarizes the key findings from the DTC outcome evaluations.

**Table 13: Improvements in social stability as reported in the DTC outcome evaluations**

Site	Findings
Edmonton	<ul style="list-style-type: none"> <li>• A comparison of program graduates, participants who engaged in the program for at least 28 days and then withdrew (“engaged-withdrawn”), and participants who withdrew before completing 28 days of programming (“not engaged-withdrawn”) found that:               <ul style="list-style-type: none"> <li>- Graduates were the only ones who showed improvements in stability and independence of living arrangements from baseline to follow-up.</li> <li>- Unemployment rates improved slightly over time for all groups of participants, with graduates having slightly lower rates of unemployment compared to the engaged-withdrawn group.</li> <li>- Half of all graduates initiated an education or training course while in the program, compared to only 10.5% of engaged-withdrawn and 0% of not engaged-withdrawn participants. Three graduates were still enrolled in an educational program at the time of their graduation.</li> </ul> </li> <li>• Participants reported that the program helped them find housing and employment. However, participants and key informants noted that housing, which is critical to participants’ success, is in short supply. Key informants also suggested that the requirement to attend court each week may be a barrier to employment.</li> <li>• Participants also reported improvements in health and wellness and credit staff with arranging and transporting them to medical appointments.</li> </ul>
Winnipeg	<ul style="list-style-type: none"> <li>• Interviews with graduates found that all graduates:               <ul style="list-style-type: none"> <li>- Were working</li> <li>- Displayed indicators of social well-being and stability, such as improved relations with family, improved job/education, and improved community participation</li> <li>- Displayed indicators of psychological well-being, such as positive coping mechanisms and a will to be off drugs</li> </ul> </li> </ul>

Site	Findings
Regina	<ul style="list-style-type: none"> <li>• The evaluation reported that of the eight graduates:                             <ul style="list-style-type: none"> <li>- Four improved their relationship with their family</li> <li>- Two improved their living arrangements</li> <li>- Two showed improved employment readiness</li> </ul> </li> </ul>
Ottawa	<ul style="list-style-type: none"> <li>• The evaluation reported that of 16 “successful” participants who withdrew or were discharged:                             <ul style="list-style-type: none"> <li>- All but two had stable housing and a source of income</li> <li>- Nine were employed and/or attending school</li> </ul> </li> <li>• Information for graduates was not available</li> </ul>
Toronto	N/A

As suggested in the outcome evaluations, most key informants and survey respondents involved in this evaluation also believe the program is contributing to improvements in the social stability of participants.

Overall, most key informants believe that the DTCs have been effective in this regard. Moreover, key informants from three sites indicated that participants are required to demonstrate progress in their social stability in order to graduate. However, key informants at some sites said that a lack of appropriate housing and inadequate educational/training opportunities for participants can hinder progress in this area.

Some 59 percent of the survey respondents believe that the DTCs are effective in improving the social stability of participants.

Case study participants spoke generally about how the program has helped them improve their lives, and some of them provided specific examples of positive changes:

- Several participants are now employed, including some who are working full time.
- Several participants improved their housing, including one participant who said he has a fixed address for the first time in four years.
- Some participants improved their relationship with their family.
- Others improved their education level or had plans to go back to school.
- Participants also said the program helped them become a better person or start to like themselves, improve their overall health, and become aware of the community resources that are available to them.



The following quotes from case study participants illustrate some of these changes.

- *I always used to be so out of it when I was on drugs. People actually come to me now, and that's different. People actually ask me to babysit for them, and I never babysat for anyone before—just for my own. It was a plus when my cousin asked me to watch her newborn for her. It proves that they actually trust me.* [Active participant]
- *I look around and see what I have now compared to what I had before. I have a computer now. I have a nice place to live. My life is so much fuller now. I feel healthy.* [Active participant]
- *It got me off drugs. It got me a full-time job that pays really good. I got a car back, I got my life back, I got my boyfriend back. I have really nice things now and I've never had nice things before. It's made my relationship with my family really good. Also, it's helped me plan for my future.* [Graduate]

Although these findings suggest the program is helping participants improve their social stability, it is difficult to draw definitive conclusions based on the information available to this evaluation.

### **Participant retention and graduation**

Quantitative information on the success of the DTCs at retaining participants and producing graduates comes primarily from the site evaluation reports. Although the site evaluations calculated retention and graduation rates in a variety of ways, for the most part they contained enough data to enable the summative evaluation to calculate a retention rate and a graduation rate using a common formula for all sites:<sup>15</sup>

Retention rate = Active participants + Graduates / Admissions

Graduation rate = Graduates / Graduates + Terminations prior to graduation

Table 14 below provides the raw data used for the above calculations. However, caution should be used when considering these results, since they are based on the evaluation's best interpretation of the data contained in the site evaluation reports and may contain some inaccuracies.

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<sup>15</sup> The same definitions as Marchand, Waller, and Carey (2006) were used. The Edmonton evaluation also used this definition of the graduation rate.

The calculations determined that:

- The overall retention rate is 44 percent, based on the four sites for which a retention rate could be calculated. In other words, overall, 44 percent of participants admitted into the DTCs were either active participants in the program or had graduated during the evaluation period for their site. Winnipeg and Edmonton retained just over half of their admissions, while the Toronto and Regina retained about one-third of their admissions.
- The overall graduation rate is 18 percent based on all five sites. That is, 18 percent of participants who left the DTCs in the evaluation period did so as graduates. Winnipeg and Edmonton have considerably higher graduation rates than the other three sites.

**Table 14: Overview of DTC participation, retention, and graduation**

	<b>Toronto</b> (April 2007- Sept. 2008)	<b>Ottawa</b> (evaluation period N/A)	<b>Winnipeg</b> (Jan. 2006- Dec. 2008)	<b>Regina</b> (Oct. 2006- Sept. 2008)	<b>Edmonton</b> (Dec. 2005- Sept. 2008)
Number of admissions	67	105	78	97	82
Number of graduates	3	8	21	8	14
Number of participants who terminated prior to graduation (Includes participants who terminated for any reason, i.e., participants who withdrew, absconded or were expelled, suspended or discharged)	44	64	37	63	37
Number of active participants	20	N/A	20	26	31
Retention rate (Active participants + graduates / number of admissions)	<b>34%</b> (20+3/67)	N/A	<b>53%</b> (20+21/78)	<b>35%</b> (26+8/97)	<b>55%</b> (31+14/82)
Graduation rate (Graduates / graduates + participants who terminated prior to graduation)	<b>6%</b> (3/3+44)	<b>11%</b> (8/8+64)	<b>36%</b> (21/21+37)	<b>11%</b> (8/8+63)	<b>28%</b> (14/14+37)

*Notes: For Toronto, the number of participants who terminated prior to graduation was calculated by adding the number of those who terminated during the 30-day assessment period (n=24) and the number of those who terminated after being admitted into the program after the assessment period (n=20).*

*For Ottawa, the total number of active participants during the evaluation period could not be ascertained from the evaluation report. Thus the retention rate could not be calculated.*

*For Winnipeg, the total number of active participants during the evaluation period was calculated as follows: (2007 admissions – 2007 admissions who did not end their involvement in the program in 2007) + (2008 admissions – 2008 admissions who ended their involvement in the program in 2008). That is: (36-31) + (27-12) = 5+15 = 20.*

*For Winnipeg, Regina, and Edmonton, the data include all participants admitted since operations began. For Toronto, data are for an 18-month period. For Ottawa, the period of analysis is unclear.*

From the site evaluation reports and the interviews with key informants, it is also possible to glean some preliminary insights into factors associated with participant retention and graduation. These factors include:

*Access to safe, secure housing* – The Toronto, Winnipeg and Edmonton evaluations all reported that access to safe, secure housing is a major factor in retention and graduation. The Toronto evaluation noted that lack of appropriate housing is a major factor in women’s attrition from the program in particular, as well as a major factor in attrition in general. Key informants interviewed as part of this evaluation echoed this theme, emphasizing that appropriate housing is necessary to help stabilize participants and provide them with a supportive environment.

*Personal motivation* – Many of the key informants interviewed as part of this evaluation cited personal motivation as a critical or even overriding factor that affects participants’ ability to remain in and complete the program. Some of the site evaluation reports corroborated this based on interviews with program participants.

*No criminal history, no history of violence, and low-risk appraisals* – Winnipeg reported that participants with no prior criminal record and no history of violence were much more likely to graduate than those with a prior criminal record or history of violence. Similarly, participants who had low scores on the Institutional Security Assessment or the Primary Risk Assessment (two instruments used by Manitoba Corrections to assess risk of reoffending) were more likely to graduate. None of the other evaluations examined these factors, although the Edmonton evaluation has plans to do so (data were not available at the time of the evaluation). In a similar vein, some key informants interviewed as part of this evaluation mentioned that more seasoned criminals or drug users may find it harder to complete the program.

*Caucasian ancestry* – Toronto reported that ethno-cultural minorities were less likely to be admitted and more likely to abscond from the program. Similarly, Winnipeg reported that minorities—in particular, Aboriginal participants—were less successful in the program than other groups and that being Caucasian was strongly associated with graduation. Regina also found that Aboriginal participants experienced much higher discharge rates than those of other ancestries, although they comprised the majority of admissions into the program. On the other hand, in Edmonton, Aboriginals comprised fewer than half of former participants, but half of all graduates as well as half of those who withdrew from the program before completing 28 days of treatment.

*Higher education levels and employment at admission* – The Winnipeg evaluation found that participants with higher education levels at admission, and those employed at admission, were moderately more likely to graduate than those with lower education levels or those who were unemployed. Similarly, the Edmonton evaluation found that graduates were more likely than other participants to have completed high school or attended a post-secondary institution. Finally, some key informants noted that the level of life skills that participants bring to the program can affect completion.

*Marital status single* – The Winnipeg evaluation found that the marital status of single was moderately associated with graduation. Similarly, Edmonton reported that the majority of its graduates were single.

*Gender male* – Toronto reported that women were less likely to be admitted and more likely to abscond from the program than males. Similarly, Regina reported that most participants were male rather than female, and that slightly more women than men were discharged. On the other hand, Winnipeg reported that while discharge rates were marginally higher for women (with women aged 18 to 29 having a very high rate of discharge compared with men in the same age category), being female was in fact associated with graduation. Similarly, the Edmonton evaluation noted that graduates were primarily females, but conversely, so were participants who engaged with the program for less than 28 days before withdrawing.

As shown in Table 15, the case studies with participants gathered information about the factors that make it easy or difficult for participants to stay in the program. These factors include a combination of program features and personal circumstances. Again, this information was not systematically collected and represents participants’ impressions of their experience.

**Table 15: Participants' perspectives of factors that make it easy or hard to stay in the program (in order of frequency of mention)**

Factors that make it <i>easy</i> to stay	Factors that make it <i>hard</i> to stay
<b>Program features</b>	
<ul style="list-style-type: none"> <li>• Support of the treatment staff</li> <li>• Counselling sessions</li> <li>• Structure and routine of the program</li> <li>• Acknowledgment that relapse is part of the recovery process</li> <li>• Support of other participants</li> <li>• Ability to spend time at the DTC</li> <li>• Housing arrangements</li> </ul>	<ul style="list-style-type: none"> <li>• Time commitment required</li> <li>• Not using drugs</li> <li>• Hearing about other participants’ use and/or seeing them expelled from the program</li> <li>• Repetition of counselling sessions</li> <li>• Nothing</li> </ul>

Factors that make it <i>easy</i> to stay	Factors that make it <i>hard</i> to stay
<b>Personal circumstances</b>	
<ul style="list-style-type: none"> <li>• Personal motivation</li> <li>• Support from family</li> </ul>	<ul style="list-style-type: none"> <li>• Having to give up friends</li> <li>• Having to quit a job</li> <li>• Personal ego</li> </ul>

Several participants said that the program does everything it can to help participants succeed. They do not believe that the program could do anything differently to increase its retention and graduation rates. The following quotes illustrate participants' perceptions of the program:

- *I think they do everything they can. Maybe they could have more places for people to stay when they first get out of jail instead of down at the Sally or the Mission where there is just high risk. That's the only thing I can think of.* [Active participant]
- *I'm not sure if there is anything else the program could do to encourage success in participants. I think it mostly has to come from within. The support they offer is a big thing, but you have to really, honestly want it for yourself or it's never going to happen. It's like that old saying, you can lead a horse to water, but you can't make him drink.* [Graduate]

Overall, the evaluation found that the DTCs are doing a reasonable job of retaining participants and helping them graduate from the program. However, opportunities to improve retention rates exist, especially for women, Aboriginal people, and people from other ethno-cultural backgrounds. Access to additional housing supports may also help increase retention and graduation rates.

#### **4.3.2. Program-level outcomes**

The evaluation found qualitative evidence of some success for each of the three primary program-level outcomes, although there is also room for improvement.

##### **Improve knowledge and awareness of DTCs**

Survey results indicate room for improvement in building awareness and understanding of DTCs. As shown in Table 16, Crown are considered most aware, followed by addictions treatment service providers and defence counsel. Other social services are not believed to be very aware of the DTCs. Key informants were more positive, although they all acknowledged that awareness could be improved among certain stakeholder groups. In particular, police, defence

counsel, and health care professionals were perceived as having misconceptions such as the DTCs being “hug courts” and not punitive enough or that they forced participants into treatment.

**Table 16: Awareness of DTCs**

	Overall	DTC team	DTC governance	Other stakeholders
	% Aware			
	(n=88)	(n=22)	(n=25)	(n=41)
Crown prosecutors	52%	55%	52%	51%
Addictions treatment service providers	46%	41%	64%	37%
Defence counsel	42%	41%	40%	44%
Social service providers – housing	22%	18%	28%	20%
Social service providers – employment	15%	9%	24%	12%
Other health service providers	8%	9%	4%	10%
General public	2%	-	4%	2%

*Note: Percentages shown represent those who rated the awareness of each group as a 4 or 5 out of 5.*

The evaluation found that efforts are being made to increase knowledge of DTCs. Most of the sites reported that they engage in promotional activities, such as training with police, presentations at health fairs, and outreach to the defence bar. In addition, some sites have Crown or police information sheets in every file to ensure that appropriate accused are considered for the DTC. In interviews, several DTCs believe that they have made inroads in improving understanding among certain groups, such as police and defence counsel. Survey results validate the importance of these efforts as most respondents agree that promotion of the DTCs will benefit the program by encouraging referrals (75 percent), increasing public understanding (74 percent), and broadening the range of organizations that will accept referrals from the DTCs (65 percent). As a caution, some key informants worried that if promotional efforts are too successful, the court would not be able to handle the additional clients.

### **Strengthening community networks**

Not all DTCs consider strengthening community networks to be an intended outcome for their program. This is particularly true for those DTCs that use the “one-stop shop” model for service delivery as they are less in need of building a community network of supports. Instead, the primary method for interacting with community supports is through referrals. Some sites have also engaged relevant community organizations in their governance committees. In particular, Toronto and Ottawa have Community Advisory Committees and Winnipeg includes community organizations on its Steering Committee and on its Treatment Committee. In Toronto and

Winnipeg, these committees engage community representatives to identify and assist with program improvements.

Survey respondents concur. As shown in Table 16, almost two-thirds (63 percent) of respondents believe the DTCs are effective in making appropriate referrals and about half (52 percent) believe it is effective in building partnerships with other community organizations. Respondents were less likely to agree that the DTCs have been effective in strengthening the network to address drug use in the community (42 percent).

### **Sharing promising/best practices**

The CADTC roundtables and conferences are the main forum for sharing best practices, and are considered useful by those who have attended (see Section 4.2.1). Several key informants also said they will informally solicit advice from their counterparts in other courts as needed. While commending the current avenues available for information-sharing about best practices, key informants suggested that additional opportunities would be beneficial. These suggestions included revitalizing the bulletin board and Web site, sharing evaluation documents across sites and among staff within sites, developing a best practices manual with input from all sites, and distributing a national newsletter.

Although key informants found the sharing of best practices generally effective, few could point to specific examples of using best practices that they learned from other DTCs. Because the 2008 CADTC conference was recent, key informants tended to note that they were considering adopting new strategies that they learned, such as the ideas on contingency management (use of rewards and sanctions to encourage behaviour as part of the treatment program). Survey results reflected this, with 59 percent of respondents agreeing that the DTCs are effective in sharing best practices and lessons learned compared to 50 percent who believe the DTCs are effective in adopting evidence-based best practices.

## **4.4. Cost Effectiveness/Alternatives**

### **4.4.1. Overview**

DTCs offer an alternative to incarceration for people accused and convicted of non-violent drug-related offenses. In the absence of these courts, people convicted of these crimes may receive a prison sentence.

By incurring the cost of a DTC, government and society may realize some potential benefits:

- **Avoided or delayed incarceration costs.** If DTC graduates do not re-offend, incarceration costs are avoided. If they do re-offend, the costs are not avoided, but are shifted into the future.
- **Reduced dependence on social services and increased positive economic contribution.** Graduates who resume productive careers or become employed contribute to the economy, pay taxes, and reduce their reliance on social assistance or other social services as well as post-treatment reduction in health care costs.
- **Quality of life.** General benefits exist to graduates and their families in terms of quality of life by addressing their addictions and criminal behaviour.
- **Economic benefits from reduced crime.** To the extent that recidivism is reduced, there is also a corresponding reduction to the cost of crime (including incarceration and victim costs) for society as a whole.

The first category of benefit is termed an “avoided cost”, which the government realizes by investing in DTCs. By spending on DTCs, the government avoids the costs of future corrections, consisting of court processing, incarceration and/or other sentencing options. If the costs of DTCs are lower than future corrections costs, then one need not consider the other two classes of benefits since, by reallocating resources from corrections to DTCs, the government lowers its overall costs. The investment represents an unambiguous “win”. This situation is rare, and one usually needs to include estimates of the other benefits to assess true cost effectiveness.

Estimating the second and third benefit categories requires information on both the pattern of re-offense and what improvements (economic, health, social, etc.) graduates experience in the post-intervention period. These benefits are often quite large, especially if they are calculated over several years. However, limited information on these outcomes is available at the present time as only two of the DTCs have been operational for more than three years. Further, measures of quality of life can be subjective and are not available for this analysis. Therefore, this analysis focuses on what can be learned by examining the cost profiles associated with DTCs in relation to the profile of corrections costs that would exist in the absence of DTCs.



#### 4.4.2. The cost-effectiveness framework

Because consistent and comparable information on outcomes and costs is not available for all of the courts, and uniform corrections data for the provinces in which the DTCs are located is not available, this analysis focuses on exploring the cost profile offered by DTCs for a synthetic scenario, drawing on information of corrections costs and the probability of re-offense (recidivism) from disparate sources. The cost of simply processing all accused/convicted through the regular court system becomes the reference point (comparison state) against which to compare the cost profile offered by DTCs.

To consider the cost effectiveness of DTCs, information is required on the costs of corrections (court, incarceration and probation costs) through the conventional system, the costs of the DTCs, and some estimate of recidivism. Additionally, several simplifying assumptions are needed to frame the analysis:

- **Court and incarceration costs.** The reference point consists of processing cases through the conventional system to produce a cost per accused of corrections for two years. The first year involves court and incarceration costs, while the second year involves only incarceration costs.<sup>16</sup>
- **DTC costs.** Estimates of the annual cost of processing one accused through the DTC are based on the information contained in the Winnipeg DTC's application for funding.<sup>17</sup> The costs included in the proposal are based on an active caseload of 40 participants. Accused are assumed to remain in the DTC system for one year before graduating.
- **Recidivism.** The cost scenarios in the next section assume various recidivism rates for graduates of the DTC. The analysis assumes that the re-offense occurs on the last day of year 1 and that those who reoffend incur the full corrections systems cost for one year.
- **Time frames.** This is a cohort analysis that compares the costs of the two systems over two years.

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<sup>16</sup> This analysis assumes the accused will remain in custody for the entire two-year period (while awaiting trial and then post-sentencing). This is a strong assumption, as the length of the sentence will vary by type of charge and/or historical involvement in criminal activity. Additionally, it is possible that they may be sentenced to community supervision (e.g., conditional sentences or probation).

<sup>17</sup> The Winnipeg DTC was selected as the basis for the analysis because it contained clear, detailed information on provincial and federal cost items. Nonetheless, it is important to note that each of the six DTCs will have different cost profiles due to variations in their program requirements and delivery methods.

#### 4.4.3. Cost scenarios

The cost of processing one accused in the traditional court system includes:

- Year 1 – court processing of \$987<sup>18</sup> plus incarceration of \$49,523<sup>19</sup> for a total of \$50,510.
- Year 2 – incarceration costs remain at \$49, 523.<sup>20</sup>

For 40 cases, the annual cost of conventional court is \$2,020,400 in year 1, and \$1,980,920 in year 2 for a total of \$4,001,320.<sup>21</sup>

The annual DTC cost, based on 40 participants, is \$1,180,925. Since programs range in length from about 8 to 18 months, this is an acceptable approximation for year 1 of DTC.

- Assuming that all 40 participants graduate and do not re-offend, the total cost for both years equals the cost for the first year. The DTC lowers the cost of the traditional system by 70 percent.
- If all graduates re-offend and trigger the year 2 costs of conventional court, the total costs of year 1 and 2 for DTC are \$3,161,845, which is almost \$1 million less than the conventional system. The actual recidivism rate will lie between 0 percent and 100 percent, with some estimates suggesting that DTCs reduce the recidivism rate by a modest 7 percent to 14 percent.<sup>22</sup>

These are striking results, and suggest that DTCs are less costly for government as an alternative to incarceration.

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<sup>18</sup> Department of Justice. (2007, April). Summative Evaluation of the Aboriginal Justice Strategy.

<sup>19</sup> CANSIM V21537058 — Manitoba average daily inmate cost in 2006 = \$135.68 per day x 365 days = \$49,523 per year.

<sup>20</sup> If the analysis were continued for a third year, and assuming the participant is released, then the only costs that would be incurred are for probation. Based on data from the Elizabeth Fry Society, alternatives to prison, such as probation, bail supervision, and community supervision work orders, range from \$5 to \$25 per day. Retrieved on April 8, 2009, from <http://www.efsmanitoba.org/facts.php>.

<sup>21</sup> This assumes that the estimates of average cost can be scaled to an accurate total. That is, the costs of corrections applied to the entire population actually equal the total costs. Because of scale economies and other non-linear effects, this may not be the case.

<sup>22</sup> Latimer, J., Morton-Bourgon, K., & Chretien, J. (2006). *A meta-analytic examination of drug treatment courts: do they reduce recidivism*. Ottawa, ON: Department of Justice Canada. Retrieved March 13, 2009, from [http://www.justice.gc.ca/eng/pi/rs/rep-rap/2006/rr06\\_7/rr06\\_7.pdf](http://www.justice.gc.ca/eng/pi/rs/rep-rap/2006/rr06_7/rr06_7.pdf)

However, if an accused is not sentenced to jail, but rather is sentenced to probation, the DTC becomes a more costly option. Under the traditional system, the cost of court and one year of probation for one individual is \$8,287. Compared to this option, the cost of one-year of DTC is 365 percent higher. Thus, the comparative cost of DTCs to the traditional system depends on sentencing patterns.

#### **4.4.4. Qualifications to the Analysis**

There are several important qualifications to these results. Selection bias, completeness and scale economies of DTC costs, and long-term recidivism all affect this analysis.

- Selection bias reflects choices by decision-makers in the justice system. If those offered DTC have better prospects for not re-offending and those who simply are incarcerated serve longer sentences than a year, the comparison is not valid. The 40 who move through the conventional system incur costs over a longer period than the 40 who diverted through the DTC. A two-year horizon is too short upon which to make this comparison, but without more details on the nature of the accused processed through the two systems, it is not possible to extend the analysis.
- If the costs for the DTC represent full capacity (\$1.18 million to handle 40 clients), then to handle 80 clients may require a doubling of resources. More likely, some of the costs represent overhead than can accommodate additional clients (various administrative functions), while other costs will vary directly with caseload (housing and counselling costs).
- It appears that neither the cost estimates provided for the DTC nor the average daily inmate cost include overhead or capital costs. These costs may vary between the DTC and conventional corrections sufficiently to reverse the conclusion that DTCs offer a less costly approach.
- Related to selection processes, long-term recidivism plays a role. If DTCs merely defer a life of criminal behaviour such that over a 10-year period the criminal profile of those processed through conventional courts and DTCs are indistinguishable, the relative and apparent advantage of DTCs disappears. If, however, DTCs create a different and more socially productive profile, these benefits reduce the costs of DTCs and the advantage of DTCs widens over conventional corrections.

This analysis represents a preliminary attempt to assess the relative cost advantages of DTCs. It suggests that this approach offers important potential cost savings. However, many areas of uncertainty need to be addressed for a more definitive conclusion. This analysis requires information on longer-term outcomes, other potential costs of DTC participants such as social assistance, and the effect of the DTCs on recidivism rates, among other things.

Like the analysis presented above, other studies have shown that DTCs can achieve economic benefits. Cost-benefit analyses find positive net economic benefits (i.e., benefits minus costs) associated with most DTC programs, or, equivalently, report benefit-cost ratios larger than one. A study of three DTCs in Kentucky found that society realizes \$3.83 in benefits for each dollar invested in DTC graduates and \$2.71 for each dollar invested in all DTC participants<sup>23</sup> (Logan et al., 2004). Similarly, a cost analysis found that taxpayers in the State of Missouri realized \$6.32 in savings over four years from each dollar invested in DTC graduates, while a study of a DTC in Dallas County found savings of \$9.43 to society for each dollar invested (Institute of Applied Research, 2004 and Fomby and Rangaprasad, 2002, respectively). The reader should exercise caution in interpreting these results because of differences in the designs of these studies and in the design of each DTC program, among other factors; however, they illustrate that evaluators have found DTC programs to have net benefits for society in a variety of settings.

Additionally, almost all key informants believe that the DTC is the best approach for multiple offenders with substance abuse problems. They stressed that criminality and drug addiction need to be treated simultaneously. They also reported that the combination of treatment and court is critical as the court component provides leverage to keep participants in the treatment program. The treatment program provides daily intensive supervision and support, which are considered necessary to address substance abuse problems and stop the “revolving door” of the criminal justice system. Key informants pointed out that this level of intensity would not be provided through probation, which is why the DTC is an important innovation.

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<sup>23</sup> The cost-benefit ratio for participants who fail to graduate from the program is 1.17, showing that the benefits for this subset of participants is much lower than for graduates.

#### **4.5. Best Practices and Gaps in Programming**

Through interviews and surveys of DTC stakeholders, the evaluation identified a number of best practices:

- providing specialized groups/programming for women and Aboriginal people to engage these populations and better respond to their needs
- addressing addictions and criminality so that participants understand their addictive and criminal behaviour
- building partnerships with existing addictions treatment services and other community supports
- offering peer support/alumni groups and having peer support workers
- using individualized treatment plans that are holistic and involving clients in the drafting of these plans
- having a treatment centre in one location enables communication among treatment providers and provide stability for the participant
- implementing processes to promote communication among DTC team members, including treatment and court team (polices, cross-training, retreats, etc.)
- remaining open to learning from other DTCs
- having greater continuity in treatment and court teams to enable a caring but professional relationship with clients to develop (it was acknowledged that this is difficult as there is a high turnover at some sites due to burn out and/or lack of job security and in other sites, key team members, such as the Crown and judge, rotate)
- ensuring clear communication with participants about expectations and rules
- rewarding people for success and using sanctions to reengage people in the program.

DTC stakeholders also identified a number of gaps in DTC site programming and services:

- provide safe housing, particularly for women
- provide more residential treatment beds for participants

- have greater focus on how best to address the needs of participants with mental health concerns (e.g., provide psychiatric services and/or addictions specialists with mental health skills)
- tailor programming to youth, women and Aboriginal people
- improve responsiveness to First Nations issues by hiring First Nations addictions counsellors, addressing the effects of residential schools in treatment counselling, and referring participants to First Nations organizations more often. One suggestion was to have a DTC managed by a tribal council or Aboriginal organization
- improve awareness and education of general public and stakeholder groups about DTCs
- provide more educational opportunities, as participants often have challenges in this area and there are fewer community services that provide this support
- provide employment programming so that participants can receive satisfaction from being productive
- better meet participants' basic and immediate needs for nutritious food, clothing, health and dental care, etc.
- hire more staff as current caseloads reduce time that can be spent with each participant
- collect data in order to demonstrate outcomes, such as data (including post-program) on recidivism, drug use and measures of social stability.

## **5. CONCLUSIONS AND RECOMMENDATIONS**

This final section of the report summarizes the evaluation findings according to the four main evaluation issues: relevance; design and implementation; outcomes; and cost effectiveness/alternatives.

### **5.1. Relevance**

DTCs respond to long-standing government priorities to address substance use and abuse issues in a criminal justice context. Recognizing the link between drug use and crime, the government created the DTCCFP to expand the number of DTCs in Canada as part of the renewed Canadian Drug Strategy and has since reiterated this commitment under the National Anti-Drug Strategy.

The belief in these specialized courts as an innovative method to address non-violent, drug-motivated crime finds support in the literature. Studies in the United States and Canada demonstrate the relationship between drug use and crime and support the position that the specialized courts lower recidivism. Through interviews and surveys, the evaluation found strong support for the DTC model among criminal justice professionals, addictions specialists, and community or government organizations that have been involved with the DTCs. Based on their experiences with DTCs and the traditional criminal justice system, they believe that specialized drug courts work. By combining judicial supervision with substance abuse treatment, DTCs provide an effective alternative to the traditional criminal justice system.

The DTCCFP remains relevant because without it, some DTCs would likely close, particularly those managed by NGOs, as the funding stream is already an issue at several of these locations. In addition, the creation of new DTCs would be less likely. This would place Canada solidly against the international trend, which is the expansion of DTCs.

**Recommendation 1: The DTCCFP should continue studying the effectiveness of DTCs in Canada.**

**Management Response:**

Agreed. In its policy role, the DTCCFP shall support pilots and gather and disseminate information on this innovative approach to problem solving within the Canadian court system.

## **5.2. Program Design and Implementation**

### **5.2.1. DTCCFP**

The evaluation found that the DTCCFP has met its essential mandate, which was to oversee the expansion of DTCs. Since its creation, the DTCCFP has approved four new sites and continued the funding of two existing sites. Its flexible management style that included more intensive consultation with the sites during their initial stages and allowed them to develop their own models of service delivery was appreciated by the sites. The DTCCFP has responded to challenges in managing the contribution agreements. The original expectation of provincial applicants proved to be incorrect, and with NGOs as funding recipients in four of the six sites, the DTCCFP has changed the terms and conditions of the contribution program and provided regular advances to some sites.

**Recommendation 2: In future projects, eligibility for DTC funding should be restricted to provincial and territorial governments.**

**Management Response:**

Agreed. The DTCCFP will review the challenges associated with different types of recipients as it seeks renewal of new terms and conditions.

The DTCCFP has also supported communication activities with varying success. The CADTC meetings/conferences received praise from those in attendance as effective ways to network and



share best practices. There was little awareness/use of the Department research reports on DTCs and the electronic bulletin board. The evaluation found support for more opportunities for DTC team members to ask questions and share information. In addition, results indicated a need for more promotional/informational efforts to ensure that key stakeholder groups such as police and defence counsel are aware of and understand the DTC program.

**Recommendation 3: The DTCFP should take more measures to facilitate effective communication among the key stakeholders.**

**Management Response:**

Agreed. The DTCFP agrees that additional measures to increase the uptake of the various methods of communication and best practices would be beneficial. The DTCFP will explore linkages with senior P/T Health and Justice officials within existing structures as well as potentially establishing new linkages where warranted.

The most challenging area for the DTCFP was collecting information and data on the effectiveness of the DTCs. It was found that the current systems and processes in place to collect information on the effectiveness of DTCs require improvement. Data are not consistently and reliably kept, and the methods of reporting outcomes do not result in comparable information. Although substantial work had been undertaken (construction of the DTCIS and evaluations of the sites), quantitative evidence of the outcomes for the program, such as its effect on recidivism and drug use and its cost effectiveness, was preliminary, not comparable across sites, or not available. These difficulties are not surprising. Many of the DTCs are relatively new, which limits the ability to demonstrate effects as post-program follow-up periods are short (see Latimer, Morton-Bourgon, and Chretien, 2006 on the importance of sufficient time for follow-up). In addition, few sites were able to conduct rigorous evaluations with comparison groups and, even if they could, the fact that more recent DTCs have relatively few graduates makes these kinds of costly studies premature. The DTCIS should provide future studies of the DTCs with comparable data; however, it remains a work-in-progress, and even with planned revisions will not capture post-program recidivism and other information that would assist in measuring key program outcomes.

**Recommendation 4: The DTCTFP should ensure that the DTCIS information system, and the data collection and reporting practices of the individual DTCs, are consistent and able to support the ongoing evaluation of the program.**

**Management Response:**

Agreed. The DTCIS will continue as the primary tool ensuring consistent data collection. The systematic collection and reporting of core performance indicators is a key priority for the DTCTFP. Within a national context, the DTCTFP will work with jurisdictions/recipients to develop core performance measures through a collaborative process.

It was also difficult to make comparisons between DTCs as the data were collected and reported on differently. To enable comparisons across DTCs, the DTCTFP should work with DTCs to develop a few well-defined core performance measures to be systematically collected and reported on in the DTC site evaluation. In addition, the DTCTFP may want to consider an alternate evaluation model to allow for a more coordinated approach to evaluation activities. Should the site-level evaluations continue, the sites should be required to operate from a shared evaluation framework that includes the reporting on the core performance measures.

**Recommendation 5: The evaluation of the DTCs should be coordinated through a single evaluation framework, using common definitions and performance measures.**

**Management Response:**

Agreed. The DTCTFP will establish a Data Advisory Group that will explore alternative evaluation models to improve on the collection and reporting of data to assist in demonstrating the effectiveness of DTCs.

### 5.2.2. DTCs

DTCs are intended to address the criminal behaviour of high needs individuals who have engaged in non-violent offences that were motivated by their addictions. The evaluation found that the DTCs are meeting this goal as the participants have a lower socio-economic profile and multiple needs such as physical health and mental health concerns, and lack of adequate housing. Participants also have serious drug addictions (typically cocaine) and have committed a variety of non-violent crimes.

However, the program is having more difficulty attracting individuals from the DTCFP's target groups of youth (operationalized as 18 to 24 year olds), Aboriginal men and women, sex trade workers as well as women in general. Suggestions to address this issue include having specialized programming for youth, Aboriginal people and women, which could be separate groups and/or more tailored content; separate days in court for men and women; and more Aboriginal workers or connections with Aboriginal community organizations. While many DTCs want to provide specialized programming, they struggle with being able to provide this type of support due to limited staff.

For the DTCs, the program has high-level similarities across the courts but also key differences. This is to be expected when each site designs its own program and supporting processes and structures. Over time, it would be useful to study the different approaches across key indicators like recidivism and drug use so that evidence-based practices can be identified and shared across the sites.

The evaluation found that the court component is working effectively based on the information available. Court attendance assists clients by providing a routine and motivating them through the use of rewards and sanctions. More rewards than sanctions are provided by the courts. The evaluation cannot offer quantitative data on the effectiveness of rewards or sanctions; however, interviews with participants and DTC staff indicate that these methods of encouragement work.

Likewise, the evaluation found that the treatment component is generally working effectively based on the information available. Based on qualitative information, participants appreciate the non-judgmental approach of treatment staff and their helpfulness in connecting participants to other available resources. Treatment was considered to be suitably intense, although there was evidence that more tailored programming or approaches would be useful, particularly to address race and gender needs, but also to be more flexible and less stringent in order to meet the needs of low-risk participants who are doing well in the program. Because the treatment delivery

models differ across the sites, it would be useful to be able to compare the results for participants by the different approaches, which can be accomplished once comparable data are collected.

The DTCs identified several challenges for implementation that were shared across sites. Most of the sites had either currently, or in the past, experienced challenges with understanding the roles and responsibilities across the treatment and court teams. The challenge for these multidisciplinary teams is developing working relationships that recognize the role of each member and do not compromise the integrity of the program.

Another major challenge is a lack of safe housing and treatment beds, which limits the DTCs' ability to accept participants and/or stabilize those in the program. DTC team members reported poor success with participants who remain in high-risk environments like shelters. While more work needs to be done, the DTCFP recognized this challenge and sought a partnership with HRSDC to identify funding opportunities associated with the Homelessness Partnership Strategy.

Finally, resource constraints (financial and human) are reported to limit what the DTCs can accomplish. Caseloads are considered too heavy to provide intensive, individualized treatment, and lack of staff limits the types of programming that can be provided. Additional resources would also assist sites in subsidizing housing and providing participants with other essential needs (food, clothing, medical/dental care) that helps stabilize them and enables them to focus on addressing their addictions.

**Recommendation 6: The DTCFP should continue to include housing as an integral component of the program.**

**Management Response:**

Agreed. Additional measures to enhance the ability of a DTC pilot to address the needs of clients, particularly housing, is a critical issue. The DTCFP will continue to pursue partnerships with HRSDC and other government departments as appropriate.

### 5.3. Outcomes

Two considerations should be kept in mind in considering the outcomes of the DTCTFP. First, the program targets marginalized and high-risk groups with multiple barriers to success, such as serious addictions, extensive criminal backgrounds, lack of education, poor employment history, mental health or other health issues, and past victimization. Second, most of the DTCTs have been operational for a short period of time, and those that have a longer history (Toronto or Vancouver) have not been engaged in ongoing performance measurement tracking. This limits the ability to report on results.

However, based on the information available, the findings of this evaluation as well as the five site evaluations suggest that the DTCTFP is generating positive outcomes for participants.

**Recidivism.** Most key informants, survey respondents and case study participants believe the program is reducing recidivism. Some of the DTCT outcome evaluations reported on recidivism. Winnipeg found that recidivism rates for graduates compared favourably to rates for probation, conditional sentences and provincial inmates. Discharged participants also had lower recidivism rates than the other offender groups except for probation. However, the Winnipeg results fall well outside the meta-analyses on the effects that DTCTs have on recidivism. As noted by the site evaluation, the Winnipeg results are preliminary. Ottawa found that reoffending was more common in the first year of the program than in subsequent years.

**Drug use.** The evaluation found that the DTCTFP has had an impact upon participants drug use. However, it also noted that participants' volume, frequency and type of use may change for the better or worse several times throughout the program. Nonetheless, many of the case study participants indicated that the program has helped them abstain from drug use, even if they have an occasional relapse. Case study participants said that personal motivation is one of the key factors that determine whether someone will be successful in the program. However, several program features also help set participants up for success including the recognition that relapse is part of the recovery process, the length of the program, the court sessions, the support of the treatment staff and the counseling sessions, and access to safe, drug-free housing.

**Enhancing social stability.** The DTCTFP is helping participants enhance their social stability. Many participants have improved their housing, gained employment, and/or returned to school. Other participants have improved their relationships with their family, feel healthy, and care about themselves.

**Graduation and retention rates.** The evaluation was able to calculate comparable graduation and retention rates across the DTCs. The graduation rates ranged from 6 percent to 36 percent and the retention rates ranged from 34 percent to 55 percent. In interviews and the site evaluations, the factors that influence participant retention and graduation include safe, secure housing; self-motivation; low-risk background (no criminal history or history of violence); and various demographic factors (race, education level, employment at admission, marital status, and gender).

#### **5.4. Cost Effectiveness/Alternatives**

The evaluation made a preliminary attempt at assessing the relative cost advantages of DTCs. Due to the limited availability of consistent and complete outcome data and cost information, the analysis requires making several assumptions about DTCs and the traditional system. The potential for DTCs to generate cost savings for government and society varies with the type and length of sentence that would have been applied through the justice system. Assuming a DTC participant graduates from the program and does not reoffend, the costs of the DTC are 70 percent lower compared to two years of incarceration. However, if an offender is sentenced to one year of probation, the cost of DTC is 365 percent higher than the conventional system. Although this analysis shows the potential for cost savings, more thorough analysis requires additional information on DTC and corrections costs for individual sites/provinces, long-term outcomes such as recidivism, and other costs such as overheads, social assistance, and estimates of improvements to quality of life.

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**APPENDIX A:**  
**Summary of Canadian Drug Treatment Courts**



## Summary of Canadian DTCs

Opening date	Toronto (TDTC) December 1998	Vancouver (DTCRCV) December 2001	Edmonton (EDTCRC) December 2005	Winnipeg (WDTC) January 2006	Ottawa (DTCO) February 2006	Regina (RDTC) October 2006
DTC team	<p>Staff of the TDTC include a CAMH manager, court liaisons, therapists, program assistants, a psychologist, a nurse practitioner, a medical review officer, pharmacists, and a pharmacy technician.</p> <p>(Process evaluation)</p> <p>The court team includes a federal judge, federal and provincial Crowns, duty counsel, a Crown paralegal, probation, and representation from the bail program.</p> <p>(Outcome evaluation)</p>	<p>The DTCRCV court team includes two judges, a federal Crown and a duty counsel.</p> <p>BC Corrections provides probation officers/case managers and the director of the program.</p> <p>The treatment team (provided by Vancouver Coastal Health) includes a clinical supervisor, a physician, a psychologist, an addictions nurse, treatment therapists, and an addictions services manager. There is also an Aboriginal support worker, an employment and assistance worker, and an administrative assistant.</p>	<p>The EDTCRC team includes the EDTCRC Judge, the Executive Director, a Probation Case Manager, a Treatment Case Manager, the assigned provincial and federal prosecutors, defence counsel and assigned duty counsel, the assigned paralegal, and designated service providers who work closely with the participants.</p> <p>(Outcome evaluation 2008)</p>	<p>The WDTC has a staffing model consisting of one Manager, three Counsellors, one administrative assistant, and one Probation Officer/Case Manager.</p> <p>The legal team includes a dedicated judge, Federal Counsel, and Legal Aid Representative. Provincial matters are referred by various defence counsels and screened by various provincial Crowns. One Senior Crown acts as a liaison and referral to all provincial Crowns.</p> <p>(Outcome evaluation January 2009)</p>	<p>The team includes the Director, the Clinical Manager, the Court Liaison, two Probation Officers, judges prepared to sit in drug treatment courts (primaries and alternates), provincial and federal Crowns, duty counsel, and a paralegal.</p> <p>(Outcome evaluation)</p>	<p>The treatment team of the RDTC includes a program coordinator, an addictions psychiatric nurse, two addictions counsellors, a cultural liaison, a probation officer, a social worker, and administrative assistants. The legal team includes the judge, the Crown, and defence counsel.</p> <p>(Outcome evaluation)</p>
Eligibility requirements	<p>The judge decides who is eligible for the program in consultation with the treatment team and Crown prosecutor, according to these guidelines:</p> <ul style="list-style-type: none"> <li>• Must have clinically demonstrated addiction and criminal activity associated</li> </ul>	<p>Participants in the DTCV must meet these requirements:</p> <ul style="list-style-type: none"> <li>• The applicant's offence must be addiction-motivated; offenders who have committed crimes for profit are not eligible.</li> <li>• Offences must not have involved anyone</li> </ul>	<p>In an initial screening process, the Crown determines whether the participant meets the following criteria:</p> <ul style="list-style-type: none"> <li>• Current charges must be non-violent, motivated primarily by personal drug use rather than for commercial profit, and must not involve</li> </ul>	<p>The WDTC is available to offenders who meet both clinical and legal criteria.</p> <ul style="list-style-type: none"> <li>• Offender must be dependent on drugs.</li> <li>• The criminal behaviour must have been motivated by the addiction.</li> <li>• Violent offenders and</li> </ul>	<p>There are seven specific criteria for entry into the DTCO:</p> <ol style="list-style-type: none"> <li>1. Individual must plead guilty and consent to actively participate in treatment and drug tests.</li> <li>2. Individual must be charged with certain non-violent offences.</li> </ol>	<p>Eligibility for the RDTC is based on six criteria:</p> <ol style="list-style-type: none"> <li>1. Circumstances of the crime — type of victim, location, apparent intent.</li> <li>2. Seriousness of the crime.</li> <li>3. Violence —</li> </ol>

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	<p>with that addiction.</p> <ul style="list-style-type: none"> <li>• Must not have violent and/or commercial drug trafficking convictions or mental health concerns that would interfere with their participation in the program.</li> <li>• Applicants with provincial charges may not be eligible.</li> <li>• Must not have involved anyone under the age of 18 in the offense.</li> </ul> <p>The outcome evaluation mentions some but not all of these criteria.</p> <p>According to the outcome evaluation, all applications are vetted by the Crown.</p>	<p>under 18, and cannot have been committed when children were present.</p> <ul style="list-style-type: none"> <li>• Applicants with a history of violent offences may be ineligible if risk of violence is too high.</li> <li>• Degree of substance abuse problems, participant motivation, fit with existing group, and general suitability of the individual for the treatment regime are also considered.</li> </ul>	<p>children or have occurred near where children frequent.</p> <ul style="list-style-type: none"> <li>• Exclusion criteria include known gang connections, a history of violence, motor vehicle-type offences, and a pattern of judicial non-compliance (i.e., failure to appear before the court in the past or breaching bail).</li> </ul> <p>If applicants pass the initial Crown screening, they also complete an intake interview and addictions assessment by EDTCRC Case Managers. At these stages, the nature and severity of their addiction, previous treatment efforts, motivation to change, and overall suitability for the program are considered.</p> <p>(Outcome evaluation 2008)</p>	<p>gang members are not eligible.</p> <ul style="list-style-type: none"> <li>• Offences involving children are not eligible.</li> <li>• Persons who used a weapon to commit the offense are not eligible.</li> </ul> <p>Depending on the severity of the offence, clients may be admitted to Track 1 (less serious) or Track 2 (more serious).</p> <p>(Process evaluation)</p>	<ol style="list-style-type: none"> <li>3. Offences must have been motivated by/connected to drug dependence.</li> <li>4. Crimes must not have been profit-motivated.</li> <li>5. Individual must not be a risk to public safety.</li> <li>6. Individual must not be subject to a conditional sentence.</li> <li>7. Crown sentencing position must be less than two years.</li> </ol> <p>(Process evaluation)</p>	<p>whether the crime itself involved violence and whether the offender has a history of violence.</p> <ol style="list-style-type: none"> <li>4. Offence characteristics — whether the offence was gang-related or involved children.</li> <li>5. Type of crime — the exact nature of the crime and how drugs were involved.</li> <li>6. Criminal history — what kind of crimes the offender has committed in the past and whether violence has been involved.</li> </ol> <p>(Process evaluation)</p>
Treatment activities	<p>Participants go through a structured outpatient program with various stages specifically designed for people with cocaine or opiate addictions. Treatment includes:</p> <ul style="list-style-type: none"> <li>• group and individual counselling</li> </ul>	<p>Participants go through a five-phase, gender-specific treatment program, which includes:</p> <ul style="list-style-type: none"> <li>• individual and group counselling</li> <li>• regular drug testing</li> <li>• participation in supportive treatment activities</li> </ul>	<p>The treatment program offered by the EDTCRC lasts from 8 to 18 months. The program is based on an I-TRIP created in consultation with case manager, and includes:</p> <ul style="list-style-type: none"> <li>• regular court appearances</li> <li>• random drug testing</li> </ul>	<p>WDTC uses a stand-alone biopsychophysical, client-centred model with six phases:</p> <ol style="list-style-type: none"> <li>1. Referral</li> <li>2. Orientation/assessment</li> <li>3. Stabilization</li> <li>4. Intensive treatment</li> </ol>	<p>Treatment involves:</p> <ul style="list-style-type: none"> <li>• formal addiction group sessions</li> <li>• individual therapy sessions</li> <li>• residential and outpatient treatment programs</li> <li>• case management services</li> <li>• health and social services</li> <li>• random urine testing</li> </ul>	<p>Treatment includes 5 parts: assessment followed by 4 sequential tracks:</p> <ol style="list-style-type: none"> <li>1. Assessment</li> <li>2. (Track 1) Transition</li> <li>3. (Track 2) Stabilization</li> </ol>

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	<ul style="list-style-type: none"> <li>• ongoing case management</li> <li>• regular and random drug screening</li> <li>• addiction medicine services</li> </ul> <p>Treatment staff work closely with community organizations to meet the needs of participants</p> <p>(Process evaluation)</p>	<ul style="list-style-type: none"> <li>• participation in self-help programs (e.g., Narcotics Anonymous)</li> <li>• voluntary methadone program</li> </ul> <p>Treatment staff work closely with community organizations to meet the needs of participants.</p>	<ul style="list-style-type: none"> <li>• case managers meetings with participants at least once a week to provide supportive counselling and supervision</li> <li>• referrals to community supports</li> <li>• education or employment training</li> </ul> <p>(Process evaluation)</p>	<p>5. Maintenance 6. Graduation</p> <p>The approach to treatment accepts the inevitability of some relapses during the treatment period.</p> <p>(Process evaluation)</p>	<p>In fall 2008, Phase I of the program was divided into A and B groups. "A" group consists of new participants, who participate in treatment groups focused mainly on stabilization of substance use, changing criminal thinking and life skills. After three or four months, participants progress on to the "B" group which focuses on developing insight into their addiction and behaviours. At this point participants are also expected to become involved in educational or employment activities. The "B" group lasts for approximately two months.</p> <p>Phase II of the program consists of more intensive employment or educational activities and less intensive treatment activity.</p> <p>(Outcome evaluation)</p>	<p>4. (Track 3) Extended stabilization 5. (Track 4) Relapse prevention</p> <p>(Process evaluation)</p>
Length of treatment program	Approximately one year  (Outcome evaluation)	265 clinic hours	Participants are generally expected to spend between 8 and 18 months in the program.	Participants are expected to spend between 12 and 18 months in the program.	Program engagement can last over a year, and program requirements (number of court appearances or treatment sessions) can be reduced at any point during the treatment period.  (Process evaluation)	The program requires a total of 274 hours of participation.  (Process evaluation)

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Treatment providers	<p>The majority of treatment is provided by the Centre for Addiction and Mental Health</p> <p>(Process evaluation)</p>	<p>Vancouver Coastal Health provides assessment, case planning and delivery of treatment.</p>	<p>Participants are referred to pre-existing day or residential treatment programs, as necessary. Unlike other DTCs, there is no single treatment provider. Day programs are provided by AADAC, Taking Charge, Herb Jamieson Break Out program, and Anchorage.</p> <p>(Process evaluation)</p>	<p>The program has made substantial use of the Behaviour Health Foundation for treatment services as well as self-help groups like Narcotics Anonymous; however, most of the treatment is provided by staff.</p> <p>(Process evaluation)</p>	<p>Most of the treatment is provided by Rideauwood Addiction and Family Services; however, additional treatment is provided by the Elizabeth Fry Society, the John Howard Society, Ontario Works – Addiction Services Initiative, and Somerset West Community Health Centre</p> <p>(Process evaluation)</p>	<p>Treatment services are provided mainly by the program itself. Participants are referred to other service agencies as necessary.</p> <p>(Process evaluation)</p>
Residential treatment programs/housing providers	<p>The TDTC has a pilot housing program in place in partnership with the John Howard Society which provides short-term supportive housing to DTC clients.</p> <p>(Process evaluation)</p>	<p>About a quarter of DTCRCV participants reside in Recovery Homes for residential treatment for a portion of the program.</p> <p>DTCRCV staff have also compiled a list of housing providers for participants to refer to for longer-term housing needs.</p> <p>Since March 2008 DTCRCV has had a housing case manager and has been able to provide subsidies for housing since June 2008. The money that provides this support is due to end in March 2009.</p>	<p>Many participants receive residential treatment from Poundmaker’s Lodge or the Anchorage program.</p> <p>(Process evaluation)</p>	<p>WDTC has established a relationship with Manitoba Housing Authority.</p> <p>(Process evaluation)</p>	<p>Rideauwood provides a residential treatment program for some participants.</p> <p>YMCA provides temporary residence for a number of participants who otherwise would be homeless.</p> <p>(Process evaluation)</p>	<p>Participants are referred to YWCA, YMCA, Salvation Army, and Welfare Rights for housing.</p> <p>(Process evaluation)</p>



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Graduation requirements	<p>Basic requirements for graduation are:</p> <ul style="list-style-type: none"> <li>• abstinence from all substances for a minimum of three months, as verified by random urine screening</li> <li>• no new criminal convictions for a minimum of three months prior to graduation</li> <li>• having stable housing</li> <li>• being employed, or actively involved in volunteer work or employment search, or attending academic upgrading</li> </ul> <p>At graduation, participants receive non-custodial sentences of up to 18 months probation on their initial charges. After probation, they are formally released from the TDTC program.</p> <p>Participants who make significant positive changes in their lives but do not fulfill all of the graduation criteria may exit the program through the "substantial compliance" exit strategy. These</p>	<p>There are two levels of graduates: honours graduates and graduates. Basic requirements for graduation include:</p> <p>Honours graduation:</p> <ul style="list-style-type: none"> <li>• abstinence from alcohol and all drugs for three months</li> <li>• 265 hours of treatment</li> <li>• no criminal offences for six months</li> <li>• stable housing</li> <li>• engagement in productive activities (e.g., education, employment or volunteer work)</li> </ul> <p>Graduation:</p> <ul style="list-style-type: none"> <li>• abstinence from cocaine, heroine and crystal meth for three months</li> <li>• 265 hours of treatment</li> <li>• no criminal offences for six months</li> <li>• stable housing</li> <li>• engagement in productive activities (e.g., education, employment, or volunteer work)</li> </ul> <p>Honours graduates receive suspended sentences and one day of</p>	<p>Participants are eligible for graduation after eight months in the program. To attain completion (with honours), participants must have:</p> <ul style="list-style-type: none"> <li>• had no drug use for a minimum of four months</li> <li>• substantially completed their I-TRIP</li> <li>• contributed to the community through service work</li> </ul> <p>To qualify for substantial completion, participants must have:</p> <ul style="list-style-type: none"> <li>• been clean of all drugs, except cannabis, for four months</li> <li>• substantially completed their I-TRIP</li> <li>• contributed to the community by undertaking community service work</li> </ul> <p>Track 1 participants have their charges stayed upon completion. Track 2 participants receive a non-custodial sentence commensurate with their original charges.</p> <p>(Process evaluation)</p>	<p>Participants are eligible to graduate from the program when they have completed all the requirements for phase 5, meaning they:</p> <ul style="list-style-type: none"> <li>• have attained four months of abstinence from drugs</li> <li>• have been involved with the WDTC for 12 to 18 months</li> <li>• have made significant progress toward resolving identified issues on their individual treatment plan</li> <li>• are working, going to school or involved in significant volunteer work</li> <li>• are engaged in a community support Group</li> <li>• have not committed any offenses in the last six months (not mentioned in outcome report)</li> </ul> <p>Before graduating, participants must complete an exit interview, and must have a plan for aftercare.</p>	<p>There are three levels of graduation from the DTCO:</p> <p>Level 1:</p> <ul style="list-style-type: none"> <li>• at least 12 months participation</li> <li>• abstinence from all substances for at least six consecutive months</li> </ul> <p>Level 2:</p> <ul style="list-style-type: none"> <li>• at least 12 months participation</li> <li>• abstinence from all substances for at least three consecutive months</li> </ul> <p>Level 3:</p> <ul style="list-style-type: none"> <li>• at least 16 months participation</li> </ul> <p>Level 1 graduates receive a maximum sentence of one-day probation. Level 2 graduates receive a maximum sentence of 12 months probation.</p> <p>Outcome evaluation does not mention any of this. It refers only to graduates and successful applicants (successful applicants have received more than 150 days of treatment in the program).</p>	<p>To graduate from the program, participants must:</p> <ul style="list-style-type: none"> <li>• have 100% clear drug screens for four months</li> <li>• have no absences over the last four months</li> <li>• have acted on their return to community plan</li> </ul> <p>Outcome evaluation does not discuss graduation criteria. It refers to "graduates" and "completers". There have been 3 and 5 respectively but no definitions are provided to my knowledge.</p>

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	participants are released from the program with a non-custodial sentence and a period of probation.  (Outcome evaluation)	probation. Graduates receive suspended sentences with short periods of probation supervision ranging from one to three months.		Outcome report does not mention the following: Participants can graduate with honours if they have abstained from all substances, including alcohol and marijuana, for a period of four months.		
Target capacity	Up to 105 participants have participated in any given year  (Process evaluation)	100	20	30	35	30
Total participants	365 over four years covered by the evaluation (1999–2003)  67 (April 2007 to September 2008)	322 admitted from 2001 to 2005	46 from program start to progress evaluation (December 2005 to July 2007)  82 from program start to September 24, 2008 (Outcome evaluation)	20 during process evaluation (April to June 2007)  78 cumulative (January 2006 to December 2008)	43 during year one (February 2006 to February 2007)  105 cumulative (since program start; end of evaluation period unknown)	54 as of January 2008  97 cumulative (October 2006 to September 2008)
Participant characteristics/ demographics (process evaluation)	Predominantly male Average age: 34.2  30% homeless 78% unemployed 77% in custody at application  89% admitted to cocaine program 12% admitted to opiate program	82% male; 18% female Average age: 31.7  47% Caucasian 17% Aboriginal 36% Asian, Hispanic, Black, and East Indian  Drugs involved in offense 54% Cocaine 28% Marijuana, ecstasy, methamphetamines 11% Cocaine and heroine	57% female; 43% male  Most (65%) are between 25 and 44. 33% are under 25.  48% Aboriginal/First Nations/Métis 46% Caucasian  39% of females were involved in prostitution.	50% male; 50% female  54% Aboriginal/Métis; 46% Caucasian  61% used cocaine/crack 27% used crystal meth	93% Anglophone 7% francophone  Average age: 35.6  26% female; 74% male  83% used crack as drug of choice 7% used heroin 9% used prescription drugs	35% female; 63% male  Participants range in age from 19 to 53 (28% - 19 to 29; 39% - 30 to 39; 33% - 44 to 53).  68% Aboriginal/Métis 28% Caucasian

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Participant characteristics/ demographics (outcome evaluation)	Information is available for applicants only:  79% male  Average age: 37 years  66% Caucasian; 19% Black; 15% other visible minorities  Majority of applicants were single		(Based on 51 former participants):  51% female; 49% male  Most (65%) between 25 and 44. 28% are under 25.  45% Aboriginal/First Nations/Métis 49% Caucasian  63% single	(Based on 58 former participants):  60% male; 40% female  37.9% Registered Indian Métis; 57% Caucasian  36% 18-25 years; 35% 26-36 years; 29% 37 and up  76% cocaine first drug of choice 22% crystal meth first drug of choice  71% used more than one substance	(Based on 105 admissions since program start):  91% Anglophone 9% francophone  Average age: 35.6 years  23% female ; 77% male  82% used crack regularly	36% female; 63% male  67% First Nations/ Métis  45% 30-39 years; 31% 18-29 years; 24% 40-53 years

*Sources:*

- TDTC: Toronto drug treatment court evaluation project final report (Gliksman, Newton-Taylor, Patra, & Rehm, 2004)*  
*DTCV: Drug treatment court of Vancouver program evaluation: Final evaluation report (Millson, Robinson, Stringer, & Van Dieten, 2005)*  
*EDTCRC: EDTCRC Process Evaluation Report (Addiction and Mental Health Research Laboratory, 2007).*  
*WDTC: Winnipeg Drug Treatment Court Interim Evaluation (Gorkoff, Weinrath & Appel, 2007).*  
*DTCO: Evaluation of the Drug Treatment Court of Ottawa: Year One (Bourgon & Price, 2007).*  
*RDTC: Regina Drug Treatment Court Implementation & Developmental Evaluation Report (Smithworks Surveysolutions, 2008).*