



**Evaluation of the
Drug Treatment Court Funding Program
Final Report**

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Evaluation Branch
Internal Audit and Evaluation Sector

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ACRONYMS

CDSA	<i>Controlled Drugs and Substances Act</i>
CDSS	Canadian Drugs and Substances Strategy
DTC	Drug Treatment Court
DTCFP	Drug Treatment Court Funding Program
DTCIS	Drug Treatment Court Information System
FPT	Federal/Provincial/Territorial
Justice	Department of Justice Canada
PPSC	Public Prosecution Service of Canada
PT	Province/Territory
WG	Working Group

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EXECUTIVE SUMMARY

Introduction

This report presents the results of an evaluation of the Department of Justice Canada (Justice) Drug Treatment Court Funding Program (DTCFP). The evaluation covers the period from 2016-17 to 2020-21 and addresses issues related to relevance, effectiveness and efficiency.

Program Description

The DTCFP represents a concerted effort to break the cycle of drug use and criminal recidivism, through innovative partnerships among the criminal justice system, drug treatment services and social service agencies. The objectives of the DTCFP are to:

- promote and strengthen the use of alternatives to incarceration;
- build knowledge and awareness among criminal justice, health and social service practitioners, and the general public about drug treatment courts (DTCs); and,
- collect information and data on the effectiveness of federally funded DTCs in order to promote best practices and the continuing refinement of approaches.

DTCs provide an alternative to incarceration by offering the offender an opportunity to participate in a court-monitored, community-based drug treatment process. DTCs are provincial and territorial courts that target adult, non-violent offenders who have been charged under the *Controlled Drugs and Substances Act* (CDSA) or the *Criminal Code of Canada*, in cases where their substance use disorder was a factor in the offence. Offenders who are interested in participating in DTC and enter a guilty plea are assessed by the Crown, with input from the DTC team to ensure that they meet DTC eligibility criteria. Most DTCs prioritize high risk and high needs applicants.

To date, the DTCFP has established funding agreements with 10 provinces/territories (PTs) to fund 13 DTCs. The total transfer payment budget for the DTCFP during the years covered by the evaluation is \$18.7M.

The key elements of DTCs funded under the DTCFP include:

- a dedicated court that monitors the DTC participant's compliance and progress;
- the provision of appropriate drug treatment and case management to assist the DTC participant in overcoming substance use disorder; and,
- community support, through referrals to social services (such as housing and employment services) that can help stabilize and support the offender in making treatment progress and in complying with the conditions of the DTC.

The length of the DTC program is approximately one year. A treatment plan with a strong case management component is developed for each participant. A cornerstone of the DTC is involvement of a team of DTC professionals and external service providers who coordinate and provide integrated addictions, health and social services, safe housing, stable employment and/or an education. During the program, the participant is required to appear personally in court on a regular basis and each participant is subject to random urine screening. It is expected that the participant will be honest and disclose any high-risk activities and information on whether a relapse occurred. The judge will review his progress and can either impose sanctions or provide rewards.

To successfully complete the program, participants must meet several criteria established by the DTC which typically refer to compliance with program conditions, no further criminal convictions, indicators of social stability, and a period of abstinence from substance use. Participants who successfully complete the DTC program may receive a non-custodial sentence

Findings

Relevance

The evaluation found that the DTCFP is well aligned with federal and Justice priorities, as articulated in the most recent ministerial mandate letter and 2021 budget commitment to increase the number of funded DTCs. As a collaborative and therapeutic court offering an alternative to incarceration, DTCs reflect the evolving perception that the criminal justice impacts of addiction can be best addressed using a health-based approach. While the DTCFP-funded DTCs are guided by established principles, there is flexibility for DTCs to adjust implementation to their local jurisdictional and community context.

Effectiveness

The DTCFP-funded DTCs serve a small population of offenders, however, the number of DTCs and the number of participants in DTCs increased during the period under study. The evaluation found a high degree of interest among almost all jurisdictions in the expansion of DTCs, including establishing additional sites, increasing capacity to meet demand or exploring new DTC streams (e.g., for diversion, low risk or under-represented participants).

The profile of participants has remained largely stable over time; DTC participants are mainly Caucasian men, although the proportion of participants who are Indigenous has increased somewhat. There are challenges to equitable access to DTCs due to some differences in eligibility criteria, waitlists for some DTCs and geographic barriers as all DTCs are located in urban centres. While the COVID-19 pandemic restrictions had a negative impact on the operation of the DTCs by reducing the personal and intensive interventions that are a cornerstone of the program, virtual delivery had benefits for some and also offered some lessons that may be applicable for delivering the DTC program to participants in smaller, or rural or remote communities.

Some DTCs favor greater flexibility in the eligibility criteria, specifically, more case-by-case consideration of contextual factors related to the risk to public safety criteria (nature of the charge, history of violent offences). These criteria, which impact some communities and groups differently, may contribute to an under representation of some identity groups among DTC participants (e.g., women, Indigenous or racialized individuals).

DTCFP stakeholders are generally satisfied with the operation of their respective DTC. At the program level, the DTCFP Working Group meets regularly and provides an opportunity for jurisdictions to provide updates. There are, however, opportunities to improve sharing of lessons learned and best practices among DTCs. The quality of information that is gathered through the program's information system, Drug Treatment Court Information System (DTCIS), could also be improved in order to identify and promote best practices and the continuing refinement of the DTC model.

The evaluation found that DTC programming is tailored to individual needs and participants have access to many resources and supports. However, gaps in services were observed for some DTCs, including stable housing and access to mental health services and treatment beds. The target group for the program (high risk/high needs) coupled with the length and intensiveness of the program lead to a retention rate of about 30% of program participants. Nevertheless, participants can experience benefits from the program even if they do not complete all the requirements. While impacts of the

DTCs on recidivism could not be assessed empirically at the time of the evaluation¹, anecdotal evidence and the literature indicate that DTCs have a positive impact on recidivism, among other benefits (e.g., reduced substance use, positive social and health impacts). Expanding the experience with non-adversarial criminal justice system response and integration with other sectors (i.e. social, health) was noted as a positive unintended outcome of the program.

Efficiency

The evaluation found that the DTCFP is efficient in the management of Grants and Contribution funding, and over the evaluation period expended almost all of its allocated resources. The evaluation did not directly determine the cost effectiveness of the DTCFP; however, Canadian and international studies suggest that DTCs are more cost-effective compared to incarceration.

Recommendations

Based on the evaluation findings, the following three recommendations are offered:

Recommendation #1: Continue to enhance sharing of information and lessons learned among the DTCs.

Recommendation #2: The Program, in collaboration with the Federal/Provincial/Territorial Working Group, should consider ways to support DTCs in any efforts to include groups who may be under-represented or experience barriers to access.

Recommendation #3: Examine ways to enhance DTCIS reporting quality and strengthen the expectations in funding agreements for reporting by DTCs.

¹ A planned recidivism study could not be conducted within the timeframe of the evaluation. Justice Canada has entered into an agreement with Statistics Canada to complete a recidivism study at a later date.

1 INTRODUCTION

1.1 Purpose of the Evaluation

This report presents the results of the evaluation of the Drug Treatment Court Funding Program (DTCFP). The evaluation was conducted in accordance with the *Financial Administration Act* and Treasury Board's *Policy on Results* (2016). The evaluation was undertaken by the Department of Justice Canada's (Justice) Evaluation Branch, as per the Justice 2020-2021 Internal Audit and Evaluation Plan.

1.2 Evaluation Scope

The purpose of the evaluation was to examine the relevance, effectiveness and efficiency of the DTCFP and its contributions to breaking the cycle of drug use and criminal recidivism in Canada. The evaluation covered five fiscal years, from 2016-2017 to 2020-2021² and assessed activities undertaken by the Justice Programs Branch to support the implementation and management of the DTCFP, and the effectiveness and efficiency of the Program. The evaluation is also expected to contribute to Health Canada's Horizontal Evaluation of Canada's Drugs and Substances Strategy (CDSS) which will be completed in 2023.

2 OVERVIEW OF THE DRUG TREATMENT COURT FUNDING PROGRAM

2.1 Program Background

In Canada, the drug treatment courts (DTCs) were introduced as pilot demonstration projects in Toronto in 1998 and in Vancouver in 2001, using funding from the Crime Prevention Investment Fund of the National Crime Prevention Strategy. After Canada's Drug Strategy was renewed in 2003, the DTCFP was established (2004). The DTCFP is now a component of the CDSS (formerly the National Anti-Drug Strategy).³

2.2 Program Objectives

The DTCFP represents a concerted effort to break the cycle of drug use and criminal recidivism, through innovative partnerships among the criminal justice system, drug treatment services and social service agencies.

The objectives of the DTCFP are to:

- promote and strengthen the use of alternatives to incarceration;
- build knowledge and awareness among criminal justice, health and social service practitioners, and the general public about DTCs; and,
- collect information and data on the effectiveness of federally funded DTCs in order to promote best practices and the continuing refinement of approaches.

² DTCIS data includes participants who started the program after March 31, 2015 and were active between April 1, 2015 and June 17, 2021. DTCIS dates were extended beyond the evaluation period under study to ensure quantitative data was robust and complete and to ensure a sufficient sample size for the upcoming recidivism study.

³ The goal of the CDSS 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 prevention, treatment and enforcement action plans guide these efforts. The DTCFP is aligned with 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.

DTCs provide an alternative to incarceration by offering the offender an opportunity to participate in a court-monitored, community-based drug treatment process. In Canada, under the DTCFP, the DTC model has continued to evolve to address local community contexts and populations' needs. DTCs are provincial and territorial courts that target adult, non-violent offenders who have been charged under the *Controlled Drugs and Substances Act* (CDSA) or the *Criminal Code of Canada*, in cases where their substance use disorder was a factor in the offence. Offenders who are interested in participating in a DTC are assessed to ensure that they meet DTC eligibility criteria. Rather than incarceration, DTC participants may receive a non-custodial sentence upon completion of treatment.⁴

2.3 Key Program Elements

To date, the DTCFP has established funding agreements with eight provinces and two territories to fund 13 DTCs. The key elements of DTCs funded under the DTCFP include:

- a dedicated court that monitors the DTCs participant's compliance and progress;
- the provision of appropriate drug treatment and case management to assist the DTC participant in overcoming substance use disorder; and,
- community support, through referrals to social services (such as housing and employment services) that can help stabilize and support the offender in making treatment progress, and in complying with the conditions of the DTC.

Appendix A includes a further list of principles that define an approved DTC program by Crown counsel.

While each DTC establishes its own eligibility criteria, the rights of the accused and risk to public safety are key considerations. Therefore, the accused must voluntarily apply to enter the DTC and there must be sufficient disclosure to determine that the accused is able to plead guilty to the charge. The participants in the DTC are most commonly charged with non-violent *Criminal Code* offences, such as theft, possession of stolen property, non-residential break and enter mischief, and offenses related to sexual services. With respect to drug offences, the more frequent offences are those of simple possession, possession for the purpose of trafficking and trafficking (at the street level).

The admission process is similar for all DTCs. The Crown screens for eligibility of the applicant and will receive input from the DTC team. Eligible applicants are also assessed by treatment personnel and most DTCs prioritize high risk and high needs applicants. It is ultimately the judge's decision whether to admit the applicant into the DTC program or not.

The accused must enter a guilty plea to be admitted in the DTC; however, participants have the option to withdraw their criminal plea within a certain period of time after starting the program (e.g., 30 days) and re-enter the traditional criminal justice system. The vast majority of DTC participants are high needs (meaning they are entering the program with multiple issues such as serious addiction to illicit drugs, mental health concerns, inadequate housing, reliance on income assistance, minimal employment/education opportunities, etc.) and are assessed as medium to high-risk to reoffend. A dedicated treatment plan with a strong case management component ensures that the offender is directed to existing services within the community and that the plan is tailored to the participant's specific needs. DTC staff will help ensure that the participant has safe housing, stable employment and/or an education.

Participation in DTC requires high involvement and commitment from participants including requirements to attend court regularly, check-in with their probation officer or case manager as

⁴ A non-custodial sentence is a sentence that does not require time in jail (e.g., a suspended sentence along with a period of probation to be recommended by the DTC team).

directed, attend regular group sessions and individual therapy sessions, participate in other programs as per their treatment plan, and also usually, at some point, attend a full-time inpatient program. DTC treatment team members offer individualized support to DTC participants through every step of this journey to help ensure participants continue to be as equipped as possible to succeed in the program.

The length of the program is approximately one year but some participants may remain much longer. Specifically on the court requirement side of the program, participants are required to appear personally in court on a regular basis and each participant is subject to random urine screening. It is expected that the participant will be honest and disclose any high-risk activities and information on whether or not a relapse has occurred. The judge will review his or her progress and can either impose sanctions or provide rewards.

To successfully complete the program, participants must meet several criteria established by the DTC which typically refer to compliance with program conditions, including fulfillment of treatment requirements, no further criminal convictions, indicators of social stability, and a period of abstinence from substance use. Participants who successfully complete the DTC program may receive a non-custodial sentence.⁵

2.4 Funding and Financial Information

The total transfer payment budget for the DTCFP during the years covered by the evaluation (2016-17 to 2020-21) is \$18.7M. The total combined operations and maintenance (O&M) and salary budget from 2016-17 to 2020-21 was \$2.8M. The breakdown per fiscal year is presented in Table 1 below.

Table 1: Program Allocated Resources during the Evaluation Period

	2016-17	2017-18	2018-19	2019-20	2020-21	2016-17 to 2020-21
Gs&Cs	\$3,646,000	\$3,781,276	\$3,725,000	\$3,767,000	\$3,746,000	\$18,665,276
Salary	\$289,957	\$289,957	\$289,957	\$289,957	\$289,957	\$1,449,786
O&M	\$277,551	\$277,551	\$277,551	\$277,551	\$277,551	\$1,387,755
Totals	\$4,213,508	\$4,348,784	\$4,292,508	\$4,334,508	\$4,313,508	\$21,502,817

*This table also includes DTCFP resources associated with communications, research, evaluation, corporate costs, employee benefit plans.

*From 2016-17 onward, some internal transfers were made to the DTCFP (between \$14,000 and \$150,000) to support demand for the program.

3 EVALUATION METHODOLOGY

The evaluation was guided by an evaluation matrix (evaluation questions, indicators and data sources) which was developed through the evaluation scoping and design process. The methodology for this evaluation included multiple lines of evidence described below. Appendix B contains the list of evaluation questions, and a more detailed description of the evaluation methodology is included in Appendix C.

3.1 Literature, Document and Data Review

A review was conducted of secondary data sources relevant to the DTCFP. These materials included:

⁵ A non-custodial sentence is a sentence that does not require time in jail (e.g., a suspended sentence along with a period of probation to be recommended by the DTC team).

- Literature – peer-reviewed and grey literature related to DTCs, including trends and emerging issues, and effectiveness and cost effectiveness of DTCs;
- Documents – Justice and federal documents related to departmental mandate and priorities, program foundational and implementation documents, performance information, other special studies and reports, and financial budget and expenditure information; and,
- Data – Statistics related to drug-related offences produced by the Statistics Canada's Canadian Centre for Justice Statistics.

3.2 Analysis of Drug Treatment Court Information System Data

Most DTCs report information on their participants through the federal Drug Treatment Court Information System (DTCIS). The analysis included all participants who were active in the DTCs (where information was accurately captured in DTCIS) at some point between April 1, 2015 and June 17, 2021 (N = 1,053).⁶ The DTCIS includes information on the profile of DTC participants, as well as completion status.

3.3 Survey of stakeholders

An online survey was conducted of DTC stakeholders. All DTCs funded under the program provided lists of stakeholders or agreed to distribute the link of the survey to their stakeholders. In total, 139 individuals completed the survey. Among DTCs that provided a list of stakeholders for the survey, a 49% response rate was achieved. The profile of surveyed stakeholders included: members of the dedicated DTC management, court (judges, prosecutors) and treatment team (56%), governance or advisory committee members (21%), external treatment or service providers (19%), defence counsel (9%), and other (e.g., policy, management).

3.4 Key informant interviews

A total of 63 in-depth interviews were conducted for the evaluation, including:

- 4 interviews with federal officials, and;
- 59 interviews for four case studies of DTCs consisting of Whitehorse (13 interviews), Edmonton (14), Regina (13), and Toronto (19). Case study respondent groups included:
 - DTC personnel (e.g., director) (n = 6);
 - external treatment/service providers/probation (n = 15);
 - court personnel/legal stakeholders (judges, Crown counsel, defence counsel) (n = 16);
 - current/past participants (n = 21); and,
 - other (n = 1)

⁶ Note: Data for 2015 and 2021 are partial. Also, data in 2020 and 2021 reflect interruptions in DTC operations during the COVID-19 pandemic.

3.5 Limitations and Mitigation Strategies

The evaluation has several methodological limitations that should be noted.

- **Inability to complete recidivism study within evaluation timeframe:** The evaluation could not develop a robust measure of the impact of the DTCs on recidivism or the cost effectiveness of DTCs compared to alternatives within the timeframe of the evaluation report. A planned recidivism study was delayed due to the COVID-19 pandemic restrictions that prohibited the review of court files on-site to develop a comparable sample of non-DTC participants. DTCs also do not track or do not release information on referrals to the program which prevented using this group as a potential comparator for a recidivism study. As a mitigation strategy, Justice contracted the Canadian Centre for Justice and Community Safety Statistics (within Statistics Canada) to conduct a recidivism study using data from DTCIS and Statistics Canada. The results of this study will also be triangulated with literature, including systematic reviews, as well as anecdotal evidence from the evaluation to assess the impacts of DTCs.
- **Determining the demand for DTCs:** The target for DTCs include those with CDSA and *Criminal Code* offences where substance use disorder was a primary factor. There is little data to understand the potential demand for DTCs, nor the profile of those who would potentially be eligible for the DTC. This was due to the fact that referrals to the DTCs are either not traced or unable to be shared for privacy reasons. This data gap hampered the assessment of the representativeness of DTC participants and barriers to access. The evaluation relied on the views and perceptions of stakeholders closely involved in DTC implementation to examine under representation.
- **DTCIS data quality issues:** The analysis of program data held in the DTCIS was hampered by a number of data quality problems. Data was not available for some DTCs, and for others was only partially available for the period under study. Further, there were inaccuracies found in how DTCs populate the DTCIS template. Specifically, with reference to the education and marital status variables, valid categories were being used as defaults if the information was unknown (e.g., some high school, single). There were also lags and gaps in data capture, especially in 2019-20 and 2020-21 due to capacity issues created by the COVID-19 pandemic; and, technical issues also restricted availability of participant risk data. The end result is that the DTCIS data included in this report represents a sub-set of all DTC data (e.g., not all DTCs are fully represented; and some variables such as those mentioned above were considered to be unreliable and were excluded from the analysis).

In order to mitigate these data limitations, the program area and the Evaluation Branch devoted considerable time to cleaning, reviewing and validating the data that was available. As such, where the report relies on DTCIS data, for the variables in question, the limitations are minimal. As a result of the review and validation process, data with questionable reliability was excluded from subsequent analysis, thereby resulting in increased confidence in the reliability of the remaining data included in the analysis for the current evaluation report. Furthermore, where available, stakeholder experience gathered through the case studies, interviews and surveys was used to better understand trends.

- **Variable survey response rate by DTC:** While almost 50% of stakeholders completed the survey, the response rate by DTC was uneven (ranging between 31%-85% by DTC). Stakeholders from the Toronto DTC make up 30% of responses. To mitigate this limitation, the survey data are triangulated with the experience of DTCs that were included in the case studies.

4 FINDINGS

4.1 Relevance

4.1.1 Relevance of Program to Federal Priorities

The DTCFP is relevant to and aligns with federal priorities. The DTCFP contributes to the CDSS (treatment pillar), and is in alignment with the Minister of Justice and Attorney General of Canada's mandate letter.

The DTCFP is relevant to and in alignment with federal priorities:

- The DTCFP contributes to the CDSS's treatment pillar. Treatment pillar activities include: reducing crimes committed as a result of drug dependency, among other means, through court-monitored treatment and community services for non-violent offenders with substance use disorders.⁷
- The DTCFP aligns with the mandate letter of the *Minister of Justice and Attorney General of Canada*, particularly the 2019 mandate letter which commits to expanding DTCs.⁸ This priority was further confirmed in Budget 2021 which committed funds for an additional 25 DTCs.⁹
- In providing an alternative to incarceration and seeking to address addiction as a driver of crime, the DTCFP's intent is consistent with the Truth and Reconciliation Commission Call to Action #31:¹⁰

We call upon the federal, provincial, and territorial governments to provide sufficient and stable funding to implement and evaluate community sanctions that will provide realistic alternatives to imprisonment for Aboriginal offenders and respond to the underlying causes of offending.

Key informant interviewees further noted that the program responds to the priority for an efficient justice system by reducing recidivism and contributing to address systemic racism in the criminal justice system, including taking steps towards reducing the over representation of marginalized and vulnerable people in the criminal justice system by offering an alternative to incarceration.

4.1.2 Alignment with Trends in the Canadian Justice System

While the impact of substance use on crime remains a concern, DTCs reflect the growing societal recognition that addiction is a health issue. The opioid crisis is highlighting the need for and appropriateness of alternatives to the traditional justice system for those with substance use disorders.

⁷ Government of Canada (2019). Canadian Drugs and Substances Strategy.

<https://www.canada.ca/en/health-canada/services/substance-use/canadian-drugs-substances-strategy/treatment.html>

⁸ Office of the Prime Minister (2019). Minister of Justice and Attorney General of Canada Mandate Letter. <https://pm.gc.ca/en/mandate-letters/2019/12/13/minister-justice-and-attorney-general-canada-mandate-letter>

⁹ Government of Canada (2021). Budget 2021. Part 3: A Resilient and Inclusive Recovery. <https://www.budget.gc.ca/2021/report-rapport/p3-en.html>

¹⁰ Government of Canada (2019) Delivering on Truth and Reconciliation Commission Calls to Action. <https://www.rcaanc-cirnac.gc.ca/eng/1524502695174/1557513515931>

Data have begun to emerge pointing to an increase in problematic substance use during the COVID-19 pandemic.¹¹ Literature and case study interviews suggest that some Canadians have turned to drugs to help them cope with the psychological and emotional impacts of the virus and of quarantine. Others, including DTC participants, have experienced difficulty accessing harm reduction sites and/or treatment centres as a result of COVID-related closures and/or changes in services due to the pandemic. Moreover, literature and case study interviews indicate that pandemic conditions (e.g., restricted air travel and crossing of borders) have contributed to a change in the prevalence of different types of illegal drugs used due to changes in drug routes, as well as greater uncertainty as to the origin and quality of illicit drug supply available.¹² Together, these trends have contributed to an increase in overdose and overdose deaths among Canadians over the period of the pandemic.¹³

At the height of the opioid crisis, in 2017, the annual mortality rate for accidental poisonings was 10.2 deaths per 100,000 people (3,230 deaths), the highest observed prior to 2020. The mortality rate in 2020, based on March 2020-April 2021 provisional data from the Canadian Vital Statistics Death Database, was 11.3 deaths per 100,000 people (3,705 deaths).¹⁴ Statistics Canada also suggests that disruptions in harm-reduction programs, supervised consumption services, and in-person support services for substance use during the pandemic may be factors in the increased mortality.¹⁵

According to Health Canada, the opioid crisis in Canada continues to represent one of the most serious public health crises in Canada's recent history. Recent data and accounts from several jurisdictions across the country and the Public Health Agency of Canada indicate that the opioid crisis has worsened during the pandemic with many communities across Canada reporting record numbers of opioid-related deaths, emergency calls and hospitalizations.^{16, 17} In response to the opioid crisis, the Canadian Government has focused on prevention, treatment, harm reduction and enforcement, and has invested in awareness, evidence, project funding, access to treatment, and access to harm reduction.¹⁸ The CDSS, of which the DTCFP is a component, is connected to these efforts.¹⁹ The DTCFP is aligned with the Treatment Action Plan of the CDSS, the objective of which is to support effective treatment and rehabilitation systems and services by developing and implementing innovative and collaborative approaches.

Key informants observed that the DTCFP is responsive to Canada's deepening opioid crisis, the need to address the root causes of criminal behavior involving drug use (i.e., addictions), and the need to support effective treatment. All key informants noted that the DTCs are widely accepted as an effective criminal justice response to charges involving *Criminal Code* offences with a link to problematic

¹¹ Sparkman, D. (August 2020). "Drug Abuse on the Rise Because of COVID-19", EHS Today website. <https://www.ehstoday.com/covid19/article/21139889/drug-abuse-on-the-rise-because-of-the-coronavirus>

¹² Zaami S, Marinelli, E. and Vari ,M.R. (2020) New Trends of Substance Abuse During COVID-19 Pandemic: An International Perspective. *Front. Psychiatry* 11:700.

¹³ CTV News (2021). Overdoses, alcohol-related deaths increased in Canadians under 65 during pandemic: StatCan. <https://www.ctvnews.ca/health/coronavirus/overdoses-alcohol-related-deaths-increased-in-canadians-under-65-during-pandemic-statcan-1.5506375>

¹⁴ Statistics Canada (2021). Provisional death counts and excess mortality, January 2020 to April 2021. <https://www150.statcan.gc.ca/n1/daily-quotidien/210712/dq210712b-eng.htm>

¹⁵ CTV News (2021). Overdoses, alcohol-related deaths increased in Canadians under 65 during pandemic: StatCan. <https://www.ctvnews.ca/health/coronavirus/overdoses-alcohol-related-deaths-increased-in-canadians-under-65-during-pandemic-statcan-1.5506375>

¹⁶ Health Canada (2021). Modelling opioid-related deaths during the COVID-19 outbreak. <https://www.canada.ca/en/health-canada/services/opioids/data-surveillance-research/modelling-opioid-overdose-deaths-covid-19.html>

¹⁷ CBC Radio (2021). 'No one's listening': As opioid-related deaths surge in Canada, advocates say there's little gov't support. <https://www.cbc.ca/radio/thecurrent/the-current-for-may-20-2021-1.6033867/no-one-s-listening-as-opioid-related-deaths-surge-in-canada-advocates-say-there-s-little-gov-t-support-1.6036735>

¹⁸ Government of Canada (2021). Responding to Canada's opioid crisis. <https://www.canada.ca/en/health-canada/services/opioids/responding-canada-opioid-crisis.html>; Government of Canada (2021). Federal actions on opioids to date. <https://www.canada.ca/en/health-canada/services/opioids/federal-actions/overview.html#a3>

¹⁹ Government of Canada (2021). Canadian drugs and substances strategy. <https://www.canada.ca/en/health-canada/services/substance-use/canadian-drugs-substances-strategy.html>

substance use. The DTCFP represents a collaborative response to the criminal justice impacts of substance use disorders. The Program promotes an alternative to incarceration, contributes to reducing stigmatization and is also aligned with a growing recognition societally that addiction is a health issue. There is a growing agreement in Canada that problematic substance use is a health issue that can be prevented, managed, and treated, and that requires a health focused response.²⁰ Studies also suggest that most Canadians support harm reduction, which is a health-based approach.²¹ In line with the views of Canadians, the Government of Canada has recognized that there is an opportunity to do a better job of protecting and supporting Canadians who are affected by substance use.²²

Also supporting the alignment of the DTCFP with broader trends, the 'What we heard' report, which summarized roundtable discussion held to inform the 2019 Justice review of Canada's criminal justice system, suggests that justice system partners are supportive of therapeutic approaches and alternatives to formal entry into the criminal justice system. Among the suggestions, some called for more to be done to bring 'alternative' courts into the mainstream and make them more widely accessible to all.²³ Two of the four areas later identified in the Department's Review of Canada's criminal justice system²⁴ as areas around which future reform of the criminal justice system could focus had connections with the objectives of DTCs and the DTCFP:

- #2. *More concrete and specific steps taken to reduce the overrepresentation of vulnerable populations and specific demographic groups in the Canadian criminal justice system; and,*
- #3. *Further sentencing reform, including strengthening the use of alternatives to incarceration.*

Finally, a recent report²⁵ by the Canadian Association of Chiefs of Police on the findings and recommendations related to its exploration of the potential impacts on public safety and policing resulting from the decriminalization of simple possession of illicit drugs stated the following (list not exhaustive):

²⁰ Government of Canada (2021). Strengthening Canada's Approach to Substance Use Issues. <https://www.canada.ca/en/health-canada/services/substance-use/canadian>

²¹ Wild, T.C, Koziel, J., Anderson-Baron, J., Asbridge, M., Belle-Isle, L., Dell, C., Elliott, R., Hathway, A., MacPherson, D., McBride, K., Pauly, B., Strike, C., Galovan, A., and Hyshka, E. (2021). Public support for harm reduction: A population survey of Canadian adults.

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0251860>

²² Government of Canada (2021). Strengthening Canada's Approach to Substance Use Issues. <https://www.canada.ca/en/health-canada/services/substance-use/canadian>

²³ Department of Justice (May 2019). What we heard – Transforming Canada's criminal justice system. <https://www.justice.gc.ca/eng/rp-pr/other-autre/tcjs-tsjp/p1.html>

²⁴ Department of Justice (August 2019). Final report on the review of Canada's criminal justice system. <https://www.justice.gc.ca/eng/cj-jp/tcjs-tsjp/fr-rf/p1.html>

²⁵ Canadian Association of Chiefs of Police (2020). Findings and recommendations report: Decriminalization for Simple Possession of Illicit Drugs: Exploring Impacts on Public Safety and Policing. https://www.cacp.ca/index.html?asst_id=2189

We the Canadian Association of Chiefs of Police (CACP):

- *recognize substance use disorder as a public health issue;*
- *agree that evidence suggests, and numerous Canadian health leaders support, decriminalization for simple possession as an effective way to reduce the public health and public safety harms associated with substance use;*
- *agree that evidence from around the world suggests our current criminal justice system approach to substance use could be enhanced using health care diversion approaches,²⁶ proven to be effective;*
- *endorse alternatives to criminal sanctions for simple possession of illicit drugs, requiring integrated partnerships and access to diversion measures; and,*
- *agree that diversion provides new opportunities to make positive impacts in communities. These impacts may include reducing recidivism, reducing ancillary crimes and improving health and safety outcomes for individuals who use drugs.*

4.1.3 Trends and Flexibility to be Responsive to Trends

A key trend highlighted by DTCs is an increase in the complexity of addictions and mental health challenges among participants. DTCFP-funded DTCs have some flexibility to adapt to trends and local conditions.

Reflecting on the last five years, many DTCs identified common trends. Survey respondents identified that the most significant trend related to their DTC over the last five years was an increase in the complexity of addictions and mental health challenges among DTC participants (see Table 2, below, for a list of other identified trends in DTCs). All DTCs that participated in case studies reported seeing an increase in fentanyl and crystal meth poly substance use disorders, more severe levels of addictions, as well as a higher prevalence of co-occurring mental health issues. Together, these factors contribute to an increasingly complex profile of participants as well as new challenges. Fentanyl or crystal meth users tend to be more difficult to engage and to stabilize and are also at high risk of mental health or other health issues.

When individuals with substance use disorders also have co-occurring disorders (often related to mental health), treating one without treating the other can negatively impact treatment effectiveness.²⁷ Respondents, both through stakeholder surveys and case study interviews, described the efforts of their DTCs to integrate more flexibility, seek more individualized approaches with participants, and adapt services and treatment to better meet the individual needs of participants complex profiles. In the stakeholder survey, a majority (67%) of respondents agreed that their DTC has flexibility to adapt to local conditions.

²⁶ Such as for example, supervised consumption sites.

²⁷ Smelson, D., Shaffer, P.M., Posada Rodriguez, C., Gaba, A., Harter, J., Pinals, D.A. and Casey, S.C. (2020). "A co-occurring disorders intervention for drug treatment court: 12-month pilot study outcomes", *Advances in Dual Diagnosis*, Vol. 13 No. 4, pp. 169-182.

Table 2: Observed Trends Related to Drug Treatment Courts in the Last Five Years

Responses	Decreased (1-2) (%)	Stayed about the Same (3) (%)	Increased (4-5) (%)
Complexity of addiction, health or mental health challenges experienced by DTC participants (n = 132)	1%	23%	77%
Volume of applications to the DTC (n = 96)	31%	34%	34%
Availability of health and social supports for DTC participants (n = 129)	27%	43%	29%
Waitlist for the DTC program (n = 60)	23%	57%	20%

Source: Survey of DTC Stakeholders

4.2 Design and Delivery

4.2.1 Profile of Drug Treatment Court Participants

Due to expansion in capacity, participation in DTCFP-funded DTCs has increased over the study period. The profile of DTC participants has been stable over the study period, with participants overall being predominantly Caucasian males.

During the time period under study, there was a rise in the number of participants in DTCFP-funded DTCs from 188 to 225 participants in 2019, the last full year of operations prior to the COVID-19 pandemic (Table 3). This is due largely to an increase in capacity such as at the Vancouver DTC, as well as the addition of new DTCs such as in St. John's.

Table 3: Number of Participants Started in Program-Funded Drug Treatment Courts 2015-16 to 2021²⁸

Start Year	Number of Participants
2016	188
2017	181
2018	188
2019	225

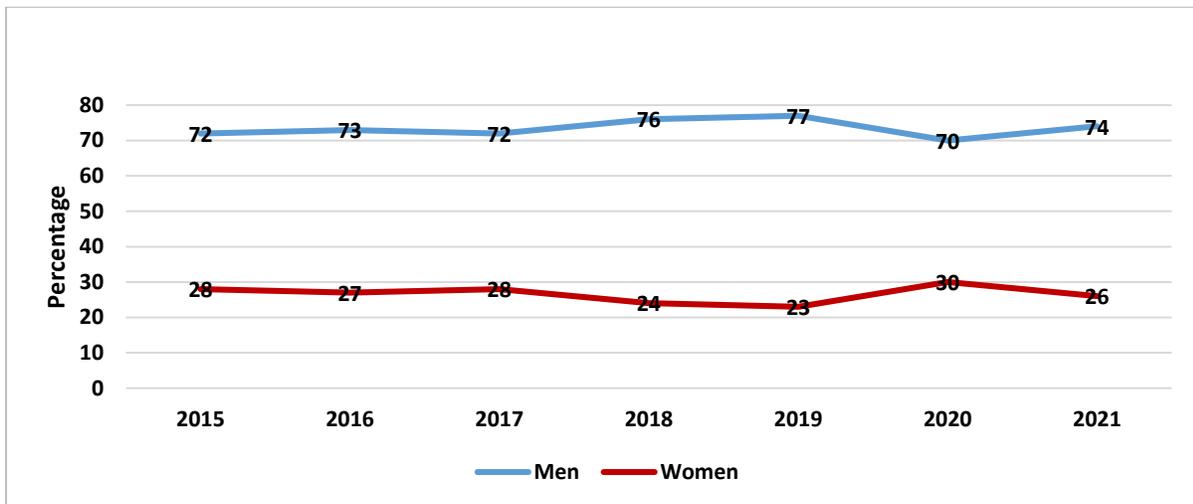
Source: DTCIS.

The DTCIS data show that an average of 21 participants per site started in 2016, increasing to an average of 23 participants per site in 2019. The number of participants can vary year to year at the sites based on the number and nature of applications, the capacity of the DTC and the decision of the Crown and the judge to admit.

According to DTCIS data, the majority of DTC participants are men (74%). This proportion is relatively stable across the years examined in the evaluation and is slightly higher than was found in the 2015 evaluation where 68% of DTC participants were men (2009-10 to 2013-14) (Figure 2). The mean age of participants across DTCs and for each of the years under study was very similar at between 31 to 39 years of age, depending on the DTC site.

²⁸ Please note that 2015 and 2021 were excluded due to incomplete data, and 2020 was excluded due to the impact of COVID-19 and the implementation of government restrictions reducing the number of participants.

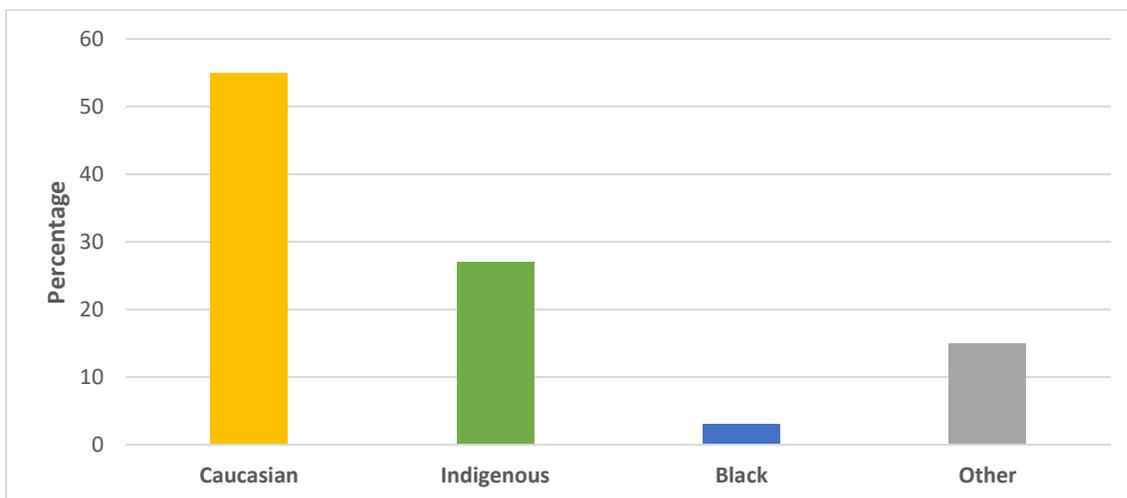
Figure 1: Percentage of Drug Treatment Court Participants by Sex, 2015-2021



Source: DTCIS, N = 1,053. 2015 and 2021 data are partial years. 2020 and 2021 data reflect the impact of the COVID-19 pandemic, included interrupted data capture during this time.

A slight majority of DTC participants during the years examined by the evaluation were Caucasian (55%). About one in four DTC participants (27%) were Indigenous, 3% Black and 15% of participants were classified as other (Figure 2). The profile of participants varies based on the location and community context of the DTCs. For instance, the proportion of Black participants is higher for the Toronto DTC, whereas the majority of participants in the Yellowknife DTC are Indigenous. Compared to the last evaluation of the DTCFP, the proportion of Caucasian participants has decreased slightly (from 59% to 55%), while the proportion of Indigenous participants has increased slightly (from 21% to 27%).

Figure 2: Percentage of Drug Treatment Court Participants by Race, 2015-2021



Source: DTCIS, N = 1,053. 2015 and 2021 data are partial years. 2020 and 2021 data reflect the impact of the COVID-19 pandemic, included interrupted data capture during this time.

4.2.2 Equitable Access to Drug Treatment Courts

Access to DTCs among different groups (women, racialized, rural) may vary due to differences in eligibility criteria across DTCs, demand at some DTCs, access to community support services, and lack of access to DTCs outside urban centres.

The target group for DTCs is adults who have been charged with offences that were linked to a substance use disorder. While each DTC may establish their own eligibility criteria, these must be acceptable to the Crown counsel and align with the Public Prosecution Service of Canada (PPSC) Deskbook guidelines for DTCs.²⁹ Based on the review of DTCFP funding agreements with provinces and territories (PTs), the eligibility criteria and admittance process for most DTCs receiving DTCFP funding were quite similar. Persons eligible to be admitted to DTCs typically include applicants who meet the following criteria:

- adult individuals;
- addicted to a controlled substance in Schedule I of the CDSA;
- charged with a CDSA or *Criminal Code* offence within territorial jurisdiction of the DTC in question or with provincial Crown consent (in more remote areas, participation is not limited to offences committed in the city where the DTC is located but participants are required to live in the city where the DTC is located for the duration of their program);
- crime was committed to support the offender's addiction;
- applies voluntarily to the program;
- must not pose a risk to public safety;
- required to submit an application form;
- must acknowledge responsibility for the act or omission that forms the basis of their offence;
- agrees to abide to specific bail conditions;
- accepts to undergo random drug screening throughout their time in the program and comply with other program rules;
- undergoes Crown eligibility review; and,
- undergoes treatment eligibility review (where applicant is either deemed appropriate for treatment or not as assessed by DTC and/or service providers).

Criteria that are viewed as putting public safety at risk include:

- *The person has been charged with a significant crime of violence;*
- *The drug offence was committed in circumstances that raise concerns about drug-impaired driving;*
- *The person has a recent and/or significant history of violence; or,*
- *The person used or threatened to use a weapon during the commission of the offence.*

Source: Public Prosecution Services of Canada Deskbook

Within these criteria, the case studies found that DTCs typically prioritize applicants who are assessed as high-risk (to re-offend) and high needs (have multiple challenges such as a serious addiction and mental health concerns, inadequate housing).

The only significant differences noted among DTCs in terms of stated eligibility criteria was the Whitehorse Community Wellness Court which accepts offenders with alcohol addictions (and have committed offence as a result of or to support their addiction). Across these criteria, the survey of stakeholders and case studies indicated that referrals to the program are most often screened out due to risk to public safety (i.e., nature of the charge or history of violent offences). Over 75% of stakeholders indicated nature of the charge or violent offence history as common reasons referrals are screened out of the program (though in some cases, exceptions can sometimes be made; see textbox on next page). The next most common reason applicants are screened out is that the eligibility review finds a lack of commitment to the program (mentioned by 27%) or other concern that would inhibit full participation in the program (19%).

²⁹ Public Prosecution Service of Canada (2020). Public Prosecution Services of Canada Deskbook, Part VI, 6.1 Drug Treatment Courts.
<https://www.ppsc-sppc.gc.ca/eng/pub/fpsd-sfpg/fps-sfp/tpd/p6/ch01.html>

Case study findings indicated that DTC personnel would like to see greater flexibility related to eligibility criteria in order to permit greater tailoring to their local context as well as to be able to be more inclusive (i.e., taking more deeply into account contextual factors, identity factors, and individual circumstances of candidates when deciding on their eligibility for DTC participation). At some sites, some flexibility was already being incorporated into the eligibility criteria. For example, as Regina is experiencing important fentanyl and meth challenges, it has extended its eligibility criteria to better encompass charges involving fentanyl trafficking. Also, at the Edmonton DTC, there is case-by-case consideration of charges involving violence.

Despite the overall similarity of the eligibility criteria, the evaluation found that there are four factors that inhibit equitable access to DTCs:

- *Discretion in how the eligibility criteria is defined and applied.* There is some inherent variability in DTC implementation due to PT responsibility for the administration of the DTCs, and prosecutor and judicial discretion in applying the criteria. In the case studies, it was noted that some DTCs are experimenting with greater flexibility and case-by-case consideration of contextual factors, particularly in terms of how the public risk criteria are interpreted.
- *Demand for participation in the DTCs.* Based on survey responses, demand for the DTC may exceed supply/capacity in some locations. Through the survey, a few DTCs reported having a waitlist and in case study interviews, some DTCs expressed they could serve more participants if they had more resources to do so (including more staff).
- *Local differences in community supports available.* Based on case studies, part of the treatment eligibility review includes an assessment of whether the DTC and available local resources are sufficient and suitable to support the success of a given candidate. For example, in some jurisdictions where there are insufficient transitional housing options available for women, a woman requesting admittance to the DTC but requiring transitional housing may be declined due to the limitations of their local service provision context.
- *Limited access to DTCs outside of urban centres.* All DTCs are currently located in urban centres, which are more likely to have greater availability of the community-based resources (housing, addictions treatment, social services) that are integral features of the DTC model. Smaller centres and rural areas that lack these resources are underserved by DTCs.

At the Edmonton DTC, there is case-by-case consideration of charges involving violence. In its eligibility assessment, the DTC has incorporated a review of violence-related charges for applicants' circumstances to be considered. Participants with residential and commercial break and enter charges may be accepted into the program with a review of circumstances of the charge. Also in Edmonton, the sentencing eligibility criterion was expanded from sentences of 1-4 years to sentences of 1-5 years to better encompass the lengthier sentencing practices for fentanyl trafficking.

- Case study excerpt

4.2.3 Service Utilization and Gaps

DTCs facilitate the access to and utilization of a variety of support services. However, the evaluation found that some gaps exist, particularly in the areas of housing, mental health services, and aftercare.

Comprehensive supports are critical for the success of DTCs. Participants use a wide variety of services that address their needs for addictions treatment and other programming, based upon the requirements of their individual treatment plans and the availability of those services in the community.

Among those programs and services most utilized by survey respondents, addictions treatment was used by almost all (93%), followed by housing services (85%), and mental health programs and services (83%) (Table 4). Reflecting earlier findings, these services are most effective when tailored to better meet individual needs of participants.

Table 4: Drug Treatment Court Programs and Service Utilization and Gaps (Survey Response)

Responses	Programs and Services Utilized (%)	Gaps in Programs and Other Services (%)
Addictions treatment	93%	19%
Housing services	85%	42%
Mental health programs/services	83%	29%
Employment programs/services	75%	19%
Educational programs/services	69%	13%
Other health programs/services	65%	16%
Services that are tailored for women/female participants	57%	28%
Services that are tailored to Indigenous persons/participants	44%	29%
Child care services	24%	18%
Services tailored for gender diverse groups	22%	27%
Services tailored for individuals/participants who are racialized	17%	33%
Other (please specify)	4%	12%
Don't Know	4%	19%
None of the above	0%	4%
Total	100%	100%

n = 139; **Source:** Survey of DTC Stakeholders

Among the gaps most commonly identified through this evaluation was housing services. This was the most frequently cited gap among survey respondents, with 42% of stakeholders noting their shortage. The case studies confirmed these concerns, and additionally highlighted the value of tailoring housing for women and men. For example, in Regina, specific housing for women is in place, and DTC interviewees indicated that the success and graduation rate of women has greatly increased since making this housing option mandatory. In a counter example, women participants were seen to be at a disadvantage in Yukon, where there is no halfway house or supervised housing available for women in Whitehorse. Across the cases studies, the stabilizing influence of appropriate housing was underscored.

About 30% of survey respondents also noted gaps in mental health programs/services. The literature review validates the importance of mental health supports, noting that many individuals with substance abuse disorders also have co-occurring disorders, often related to mental health. According to the literature, treating one without treating the other can reduce treatment effectiveness. In case study interviews, some stakeholders noted that more programs focused on trauma could be helpful for DTC participants.

Many underlined that the issues of many participants come from trauma and their using substances as a means of trying to cope with trauma. Even when participants' addictions problems are addressed, their root issues of trauma will still remain. Thus, more could be done to ensure more trauma work and trauma-focused programs and services are made available to participants.

- Case study excerpt

About the significance of aftercare, one DTC graduate had this to say: "Addiction is a tricky thing. You can never get rid of it entirely, but it can get quieter. Life is hard though and you know you will get triggered so it's important to have a plan and know who your supports are going to be when you need them."

- Case study excerpt

Aftercare supports were also a gap that many noted they would like to see addressed. Aftercare was considered by some interviewees to be a strong predictor of ongoing health and stability. In sites where it is possible, it is not uncommon for program graduates (and even non-completers) to continue wanting to attend group sessions after leaving the program. Given the enduring nature of addiction, having access to continued support if and when needed was viewed as key in sustaining the effectiveness of treatment.³⁰

4.2.4 Underrepresentation among Drug Treatment Courts Participants

Some DTC stakeholders suggested that Indigenous and racialized individuals, as well as women, are under-represented among DTC participants. DTC eligibility criteria or potential barriers may unintentionally impact access to DTCs or exclude some groups more than others.

The extent to which the profile of DTC participants is representative of the target group for the DTCs is difficult to estimate. Statistics are not collected that would profile the number or characteristics of offenders with the eligibility profile for DTCs. As well, the DTCIS captures profile information on participants only, not the profile of those who applied and were subsequently screened out of the program and why.

Most surveyed stakeholders perceived that some groups are under-represented among DTC participants. Most commonly, stakeholders identified that Indigenous men and women (52% of

³⁰ This concern was not often mentioned among survey respondents, but it was noted by a few respondents in an open-ended question on gaps.

respondents) and racialized individuals (46% of respondents) may be under-represented among DTC participants.

The case studies provided some insights into the potential reasons that some groups may be under-represented including distrust on the part of potential applicants to the program, perceived bias in the justice system, and/or of certain groups being more likely to face types of charges (assault, gang related, violence etc.) that are ineligible for DTC admission. Additional information from case studies is summarized below:

- It was suggested that there was an under representation of women in the program relative to the number of women with addictions and drug related charges in the criminal justice system. Perceived reasons for this were varied. Some indicated it could in part be due to the types of charges women offenders may have when they become involved in the criminal justice system (e.g., assault) which could disqualify them. Further, as noted previously, suitability assessments could also sometimes put women candidates at a disadvantage if there is a lack of a particular service available at the local level for women (i.e. a DTC will not admit a candidate for which services needed are not available). In case studies, some DTCs noted that there are more housing and withdrawal management options and services for men than there are for women.
- Some stakeholders noted that individuals from under-represented groups may be unwilling to participate due to distrust of the justice system. As one stakeholder shared, Indigenous participants in particular may not at all agree that the justice system works for them or has an interest in their well being.
- As those with violent charges are often ineligible, it was suggested that Caucasian participants may be over represented in DTC programs relative to the criminal justice system as a result of perceived bias in the justice system. Stakeholders mentioned that racialized groups may have historically been targeted more by police and may be more likely to be seen as connected with a 'gang' and/or be charged with committing a 'violent' offence (e.g., resisting arrest) than members of other groups.
- Some stakeholders in more than one case study also noted that the DTC's 'history of violence' exclusion criteria is likely to be disproportionately screening out some racialized groups more than others. Some stakeholders noted that it could be worth considering having different DTC criteria for Indigenous applicants who may, for example, have been convicted for issues pertaining to family violence.³¹

Other barriers to access noted in surveys and case studies included:

- Lack of broad-based awareness of the program on the part of defence counsel;
- Location of the courts (i.e., in urban centres, downtown locations) that exclude potential participants, including those living outside of the downtown core, in the outskirts of cities and possibly, First Nations communities;
- Depending on their charge, potential participants could opt for a shorter custodial sentence rather than the lengthy and involved prospect of participating in a DTC;
- Requirement for a guilty plea to their charge as part of the sentencing process may create a disincentive to participation;
- Practical barriers to participation such as transportation, work and/or child care to comply with court and treatment requirements; and,

³¹ In the Edmonton case study, it was also reported that Indigenous people are systematically offered bail less frequently and therefore, more likely to have pled guilty than other groups in the population which can contribute to the appearance of greater histories of entanglement with the law.

- Variable approaches of the Crown to assessing eligibility (from conservative to more flexible interpretations that consider contextual factors with input from the DTC team).

Although data was not available to confirm, key informants and case study interviews noted that other specialized courts (Indigenous courts, mental health courts) are also serving under-represented groups in DTC jurisdictions which may be providing other suitable alternative programs (other than DTCs) to under-represented groups.

4.2.5 Responsiveness of DTCs to Identity Factors of Participants

DTCs utilize individualized treatment plans and participant-centred services that are generally accepted as being responsive to the needs and identity factors of participants.

While the evaluation found that some groups appear to be under-represented among DTC participants (women, racialized groups), there were positive views about the responsiveness of the DTCs to diverse participants. There was evidence that treatment plans are tailored for individual DTC participants. Most surveyed stakeholders (70% or more) agreed that there is adequately tailored programming in their DTC (e.g., based on age, gender, different needs of participants). Some stakeholders expressed that work still remains to further tailor programming to better meet the needs of Indigenous and racialized participants.

In the survey, many stakeholders indicated that the best approach to increase connections with under-represented groups is to partner with community-based organizations who serve the under-represented groups in question. Case studies confirmed that DTCs connect with community-based organizations that offer specialized programming intended to better meet distinctive needs of particular target groups. Documents and the case studies showed evidence of culturally relevant and safe programming, including for Indigenous participants. For example, in Whitehorse, in the development of individualized wellness plans for participants, the DTC works with First Nations communities and with the Council of Yukon First Nations to incorporate family, friends, and appropriate community resources offered in the First Nations communities.³²

In Toronto, many stakeholders spoke very highly of the service options available for Indigenous participants. Among the key strengths of these services are that they are designed to be barrier-free. Indigenous services tend to operate through drop-in models (i.e., not appointment based) which means that participants can be welcomed any time. CAMH therapists talked about walking participants over to Aboriginal Services to introduce them to staff and the many supports available including addiction support and cultural and spiritual connection programs. There are also housing support options specifically for Indigenous people that participants may be connected with as well.

- Case study excerpt

In Regina, the DTC has a strong partnership with Kate's Place, a community organization that provides furnished supportive housing for women enrolled in the Regina DTC. All women who are admitted to the Regina DTC are asked to live at Kate's Place even if they already have housing available and may keep living there as long as needed. Regina DTC staff indicated that the success and graduation rate of women greatly increased since this approach was implemented.

³² Department of Justice Canada (2018). Funding Agreement with YK / CWC and JWC, 2018-2023.

4.2.6 Drug Treatment Court Operations

Stakeholders are generally satisfied with the structure, and design and delivery of DTCs. Although each DTC varies somewhat in its structure, the design and operation of DTCFP funded DTCs incorporate accepted best practices, such as health-based approaches, clear and predictable rewards and sanctions, and the treatment of co-occurring disorders.

Evidence supports that stakeholders are generally satisfied with the operations of the DTC(s) in their jurisdiction. Survey respondents reported a high degree of satisfaction with the design and operation of the DTCs. About 80% or more of stakeholders surveyed agreed that DTC structures and processes are collaborative, clear and evidence-based. Furthermore, most respondents (70-80%) indicated various DTC program processes are working well (e.g., court appearances, intensity/duration of treatment). In the case studies, high levels of satisfaction with design and delivery were generally reported across all stakeholder groups.

Each DTC varies somewhat in its structure, design and delivery. The document review noted variations related to governance structure, composition of DTC teams, and service provision models which are matched to local culture and unique local contexts. Minor differences were also noted in terms of program length and specific graduation requirements.

Overall, DTC designs appear relatively similar by incorporating typical characteristics of DTC best practices. Some of the best practices and overall trends identified through the evaluation included harm reduction/health-based approaches, decriminalization of the possession of small amounts of drugs, predictable and clear rewards and sanctions, and the treatment of co-occurring disorders such as mental health issues. While some aspects of these best practices are clearly outside of the control of DTCs, such as decriminalization, these trends do interact with the program. In general, respondents stated there has been a downplaying of possession charges within the criminal justice system and a greater focus on trafficking instead; this is shifting the profile of applicants to the DTC. As the discussion surrounding drug decriminalization continues, this may bring additional changes to the operating context for DTCs. Case study interviewees reported an increasing perception of drug use as a health issue (i.e., a substance use disorder) requiring therapeutic responses. In some of the case studies, respondents talked about how they apply principles of harm reduction, although abstinence continues to generally be thought of as the intended goal of and preferred definition of success for DTC participants.

DTCs may use rewards and/or sanctions (i.e., penalties) to help motivate behaviour change; rewards are given to reinforce positive progress in the program and sanctions to correct slip-ups. The literature review and interviewees were in agreement that it is important that participants have advance notice about sanctions; that they have the chance to explain their perspective in any case when sanctions may be applied; and that sanctions are applied equivalently for everyone. Case studies described sanctions that come in various forms including, but not limited to: warnings from the Judge and court team, no rewards/gift cards, written assignments or apology letters, stricter curfew, more volunteer hours, extra time in the program, and additional meetings. More serious sanctions may also include a short period in jail (i.e., bail revocation) or termination from the program.

The majority of survey respondents thought the use of rewards (67%) and sanctions were working well (59%). While only a minority (14%) indicated sanctions were working poorly, this program approach received the lowest rating across the different DTC features that were examined in the survey. The most common open-ended responses also had to do with the use of sanctions and rewards in the program. Survey respondents commented that there was a need for more creative and meaningful sanctions and rewards. There were two types of comments: that sanctions are weak, not applied or that rewards are too infrequent; or there is not enough funding for a meaningful reward. This area of concern may further be worth noting as it was also mentioned as an issue area in the previous evaluation of the DTCFP. Specifically, although sanctions were considered a useful

component of the court process and helped participants stay “on track”, there is a perception that they are not always consistently applied.³³

4.2.7 Impact of COVID-19

While COVID-19 had a largely negative impact on DTC participants and programming, the operation of the DTCs during the pandemic also offered some lessons on incorporating virtual elements in the future where appropriate.

The evaluation found that all DTCs were impacted by COVID-19 and most stakeholders reported that their DTC had to reduce or suspend referrals or the intake of new participants for at least a period of time during the pandemic. Pandemic restrictions required all DTCs to adapt in a number of ways. According to the findings of the stakeholder survey, the most common impacts of COVID-19 were having to shift court appearances (81% of respondents) and treatment provision to remote or virtual means (81%) (Table 5).

Overall, the consequences of the pandemic environment were seen as having been predominantly negative for participants. Two-thirds of survey respondents noted negative impacts on participants’ ability to access supports and 63% indicated a negative impact of the pandemic on participant relapses. Case studies supported these conclusions with stories of new hardships and struggles brought on in the lives of DTC participants as a result of the threat of COVID-19 and pandemic conditions. Moreover, both Toronto and Edmonton stakeholders reported that overdoses among participants increased during the COVID-19 lockdown. These accounts reflect recent studies that have found that overdoses have increased in Canada during the pandemic.³⁴

Table 5: Impact of COVID-19 on Drug Treatment Courts according to stakeholder survey data

Responses	%
Adjustments to format court appearances (remote)	81%
Adjustment to how treatment services are provided (virtual, phone)	81%
Difficulties in accessing health, employment or social supports for participants	67%
Reduced/suspended referrals or intake of new participants	64%
Participants relapsing due to pandemic (stress, isolation)	63%
Adjustments to interactions among the court and treatment teams	63%
Greater inconsistency in the contacts with judges, treatment team members	45%
Reduced (e.g., graduates only)/suspended urine screening	45%
Other impacts	17%

Source: Survey of DTC Stakeholders; *n* = 139

The document review, case studies and key informant interviews indicated that DTCs were impacted in different ways by COVID-19 depending on local circumstances. DTCs also responded differently based on local pandemic conditions, their unique operational contexts, and consideration for the needs of participants in their DTCs. For instance, some DTCs put a suspension on mandatory drug testing, while others found new ways to have drug testing done differently (e.g., less frequently, by drop-off).

³³ Department of Justice Canada (2015). Drug Treatment Court Funding Program Evaluation Final Report.

³⁴ CTV News (July 2021). Overdoses, alcohol-related deaths increased in Canadians under 65 during pandemic: StatCan. <https://www.ctvnews.ca/health/coronavirus/overdoses-alcohol-related-deaths-increased-in-canadians-under-65-during-pandemic-statcan-1.5506375>; Statistics Canada (2021). Provisional death counts and excess mortality, January 2020 to April 2021. <https://www150.statcan.gc.ca/n1/daily-quotidien/210712/dq210712b-eng.htm>

All DTCs had to modify their usual processes and identify new ways to communicate with and keep in contact with participants. As the program is strongly based on personal interactions (i.e., court sessions, treatment programming), COVID-19 required these contacts to be conducted using remote or virtual means.

Case studies revealed that virtual interactions presented barriers for some participants who do not have access to a phone and/or the internet. Virtual interactions also presented difficulties for some participants who are less technological savvy as well as introduced privacy problems for participants lacking access to a private space from which to check-in, participate in treatment, or attend court. However, for some participants, the experience of operating virtually brought benefits in the form of more flexibility (e.g., not having to travel in to check-in or attend court). In some cases, introducing virtual means of interactions also introduced some new possibilities. For example, in Saskatchewan, going virtual allowed for some joint programming to be delivered to participants in both Regina and in Moose Jaw (a non-DTCFP funded DTC). In Yukon, phone and Skype check-ins are also introducing greater future possibilities for more flexible virtual check-ins for participants who work outside of Whitehorse and struggle with requirements of frequently having to travel to check-in with their case managers in Whitehorse.

Though the move to more online meetings and programming has introduced new possibilities and permitted some insights to be gained on different strategies that can work well for some participants, all stakeholders agreed that in-person interactions are more impactful than virtual and remote interactions. Many highlighted that DTC participants experienced a loss in much needed consistency that the DTC's schedule helps bring into their lives. Participants also expressed that they missed not being able to interact more personally with DTC treatment and court team members, and missed the sense of community they had with peers, including through appearing in court together. Thus, while some elements of changes made to accommodate the Covid-19 environment may be sustained beyond the pandemic, including more flexibility for virtual and/or remote interactions, findings suggest that when it will become possible, it is likely that all DTCs will be working to return quite closely to their former pre-pandemic model.

"There were a few months when there was nothing. That was hard because I was used to doing something every day with the program. I had a routine - then the lockdown! Groups are back now though. I also usually phone in every day too."

- Participant reflection on being a DTC participant in 2020 through the COVID-19 pandemic

4.2.8 Scaling and Expansion

Almost all jurisdictions indicate they are exploring DTC expansion. Common challenges to expansion include insufficient funding, insufficient necessary supports in the community, and a need for more awareness and support from stakeholders that can impact DTC efforts.

While most jurisdictions indicated interest in DTC expansion, the document review, stakeholder survey and case studies confirmed that a key challenge associated with DTC operation and expansion is a lack of predictable and sustainable funding. All case study DTCs expressed a desire for increased funding to scale and expand the work in their jurisdiction. Access to more funding would permit DTCs, among other things, to be able to hire additional and more specialized staff. Key informants also pointed to a lack of resources as a primary challenge associated with DTC operation and expansion. They also noted that there is significant interest in DTCs in virtually all jurisdictions.

Among the chief challenges to expansion noted by DTCs is the availability of appropriate withdrawal management services and other key community supports, and often, a scarcity of appropriate, safe and affordable housing options for participants. Some jurisdictions also noted geography as posing a challenge to expansion, including the availability of services in more remote areas as well as the

accessibility of transportation. Finally, beyond resource challenges, many DTCs expressed that, to be successful, DTCs require awareness, understanding and buy-in among key stakeholders (court, community, legal), related to the way DTCs work.

Stakeholders identified best practices to be considered in expanding existing DTCs or creating new DTCs such as:

- Team-based, individualized, and participant-centred services, possibly including highly individualized case plans seen as key to success in Yukon, Toronto, and Edmonton;
- Incorporating harm reduction approaches in the program;
- Using trauma-informed approaches and practices in the program;
- Having designated, consistent judges and court teams (rather than rotating) to support participants' need for consistency;
- Developing strong partnerships with community partners and supports;
- Linking participants to services that they can keep making use of beyond their time in the DTC program; and,
- Putting thought into aftercare as participants who graduate will still need continued connection and support beyond graduation (this was identified as an important shortcoming for some DTCs).

Some stakeholders indicated interest in or suggested new DTC streams that could be explored including: an early intervention DTC (diversion prior to guilty plea), DTCs for lower risk participants or those with less serious offences, an Indigenous focused DTC, and, a harm-reduction focused DTC (e.g., different success criteria, different graduation criteria).

4.2.9 Program Reporting Requirements

The DTCIS is the primary vehicle for DTCFP-funded DTCs to report on their activities and outcomes on a national/federal basis; however, there are numerous data limitations.

As was also signalled in the 2015 DTCFP evaluation, the Drug Treatment Court Information System (DTCIS) review conducted for this evaluation found that the DTCIS continues to have several data limitations including:

- Incomplete records;
- Inconsistent record keeping and practices across jurisdictions; and,
- Data entry errors.

Findings from both the stakeholder survey and case studies indicate that only a small number of people are involved in reporting to Justice using the DTCIS. However, half of those who use the DTCIS and were surveyed indicated having challenges with the System. In open-ended responses, these challenges included (identified by one or two respondents each):

- Technical difficulties (operating system issues);
- Separate reporting required outside the System due to confidentiality of information;
- Need for additional training in running reports;
- Lack of clarity in responsibility for the System (e.g., for collating data and determining how it is to be used);
- Lack of standardized format for data collection; and,
- A need to create and share clear parameters and objectives for the System.

Both survey and case study respondents who had experience with the System generally viewed the DTCIS in a neutral way or as being only somewhat effective with respect to various dimensions (supporting operational or management decision-making, supporting reporting requirements, inclusion of relevant program information, ease of access and use, and tracking participant consent for post-evaluation). The System was rated less useful for providing an accurate picture of impacts.

While also underlining that the program is fortunate to have an electronic reporting system, key informants and the experience of the evaluators working with the data point to a number of system limitations. However, the DTCIS data are used for other purposes such as broader policy development and analysis of who is accessing the DTC.

The analysis conducted for the evaluation identified challenges such as the fact that some DTCs do not use the DTCIS at all, inconsistent data capture practices and missing or delayed data entry. Case study and key informant interviews indicated that some DTCs have concerns about protecting personal information; there can be turnover at the DTCs and/or a lack of capacity to report regularly; and misalignment of reporting cycles between Justice and the DTC, which creates burden. Capacity challenges have been exacerbated through 2020-21 due to additional COVID-19-related disruptions. Some case study interviewees also suggested that as some DTCs are already collecting and entering data in their own databases, collecting or extracting data for DTCIS purposes can be perceived as performing a duplicate task.

Key informants noted that though PTs are required to take part in DTCFP studies, there is no requirement in the DTCFP funding agreement related to reporting. It was suggested that reporting might be strengthened by adding it as a requirement in the DTCFP PT funding agreements. However, before such a step is considered, given concerns, it would likely be beneficial to hold further discussion with DTCs/PTs to identify mutually agreeable solutions in regard to DTC reporting capacity challenges and DTC concerns surrounding threats to the privacy of DTC participants' personal information.

4.2.10 Facilitating Information Sharing

While there are opportunities for information sharing through the Federal/Provincial/Territorial (FPT) Working Group (WG), there is a desire among stakeholders for increased sharing of best practices and lessons learned.

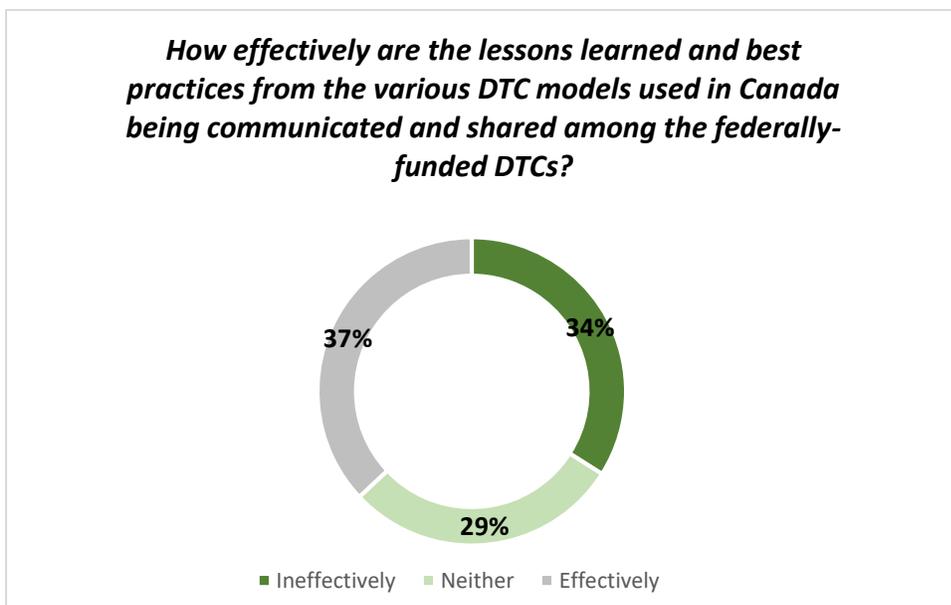
FPT WG members participate in well-attended meetings approximately four times per year. The purpose of the FPT WG meetings, to which representatives from all PTs are invited to attend, are to provide a forum for knowledge exchange and to discuss DTCIS information. Members of the WG are operational level officials with expertise in and responsibility for criminal justice issues. The Group includes up to three federal representatives, and representatives selected by each province and territory with responsibility for existing DTCs and/or interested in establishing one. Interviews confirm that these meetings are well received and considered highly valuable and helpful. Information and experience among WG members may also be shared through other means and informally. For example, new jurisdictions are connected with WG members, and WG members may informally reach out to each other.

Depending on the jurisdiction, DTC managers and staff may not be members of the FPT WG and thus either receive information through relay from the WG member in their jurisdiction, through other contacts/email groups, or their own independent research. This can result in information sharing gaps. Some DTC stakeholders who are not members of the WG reported attending different individual events through the years as available (for example, a recent online webinar held by the Human Services & Justice Coordinating Committee), as well as often seeking information through professional associations – in particular, the American National Association of Drug Court Professionals.

Of the survey respondents for whom information sharing would be applicable to their work, there were mixed views about the effectiveness with which lessons learned among DTCs are shared. The

percentage of stakeholders who perceived that sharing lessons learned was effective (37%) has decreased compared to the same question asked on the survey conducted for the evaluation of the program in 2015 (46%).

Figure 3: Rated Effectiveness of Sharing of Lessons Learned Among Drug Treatment Courts



Source: Survey of DTCFP Stakeholders, n=82

Stakeholder survey and case study findings supported that there is a strong desire among stakeholders for more connections and sharing of experiences and learnings. Survey and case study respondents named various ways this could be achieved including: regular conferences; a regular newsletter; creating a repository of shared documents and resources; and/or a community of practice or other forum for discussion for sharing best practices.

4.3 Achievement of Expected Outcomes

4.3.1 Program Retention

Among those who started the program during the period under study, about one-third of participants completed the program. Retention rates are variable across DTCs due to differences in the profile of typical participants admitted, individual differences in DTC participants, and diverse local delivery contexts.

Based on documents reviewed, the successful completion criteria of DTCs receiving DTCFP funding share the same broad components. These include:

- Time in program;
- Minimum proven abstinence time;
- Extent of engagement in program / treatment;
- Employment or other gainful activity (education, volunteer, etc.);
- Stable housing;
- Ongoing community support system / aftercare plan; and,
- No new criminal charges.

Specific requirements within each component vary by location. For instance, the minimum proven abstinence period varies between three and six months across DTCs, and different DTCs require that participants have no new criminal charges between three and six months.

Overall, 29% of participants completed the program during the study period (excluding those who are still active) and the average duration of the program was 15 months. The last evaluation found that between 2009 and 2014, 27% completed the program. While there are some variations in program completion rates by socio-demographic characteristics of participants, these are small and not statistically significant.

While all DTCs target high risk/high needs participants, the completion rate varies across jurisdictions. For instance, based on DTCIS data, the completion rate is over 40% in Whitehorse and Edmonton and less than 20% for DTCs located in the large urban centres of Toronto and Vancouver. A recent evaluation of the Calgary DTC found that 47% of participants completed the program.³⁵ The different community contexts (different local challenges related to substance use, social services and other support options), typical profile of participants admitted (for example, Whitehorse admits many participants who have alcohol addictions and/or who have Fetal Alcohol Spectrum Disorder, while Toronto focuses on high-need participants with often complex co-occurring disorders), specifics of criteria for graduation, as well as inconsistent data capture practices may all contribute to explaining some of the differences.

The retention rate for DTCs is within the range of retention rates for this type of court, although the range is very wide. For example, Weinrath et al. (2018), citing various studies, writes that: "Retention is a consistent concern of DTC programs, which have varying attrition... Graduation rates fluctuate wildly, with reports ranging from a low of 11% to a high of 89%."³⁶ Weinrath and others such as Gorkoff et al. (2018) found that retention in DTCs is influenced by the nature and framing of the treatment program and the DTC interventions themselves. Needs-based models were found to be particularly effective in retaining participants.³⁷

This finding was echoed in the evaluation. According to DTC stakeholders surveyed or interviewed for the case studies, the most important factors related to program retention include the support of the DTC team, feeling connected, individualized supports, and individual readiness/motivation. Relational characteristics of the DTC environment, such as non-judgement and respect, were also noted as contributing very importantly to establishing and maintaining DTC participant trust as well as supporting the efforts and success of DTC participants. Participants interviewed stressed the importance of a non-adversarial and supportive approach as being essential to their trusting their program and their retention in the program. Some participants also stressed possibilities for flexibility as playing a factor in their retention (for example, in Whitehorse, participants being able to coordinate their case worker check-ins with their work schedule as to better not upset their employment).

From the literature and case studies, other important factors considered important to predict retention include:

- length and intensity of program;
- effectiveness of rewards and sanctions, supervision and oversight;

³⁵ Hoffart, I. (2020). Calgary Drug Treatment Court – 2019 Evaluation Report.

<http://calgarydrugtreatmentcourt.org/wp-content/uploads/2020/09/Calgary-Drug-Treatment-Court-2019-Evaluation-July-2020.pdf>

³⁶ Weinrath, M., Gorkoff, K., Watts, J., Smee, C., Allard, Z., Bellan, M., Lumsden, S., and Cattini, M. (2018). Accessing Diversion from Custody: Retention and Classification in a Drug Treatment Court. *The Annual Review of Interdisciplinary Justice Research*, Volume 7, 2018, pp.315-345.

³⁷ Gorkoff, K., J. Watts, C. Smee, Z. Allard, M. Bellan, S. Lumsden, & M. Cattini. "Retention and Classification in Drug Treatment Court", *Annual Interdisciplinary Review of Criminal Justice*, 2018.

- the role of the judge (once trust is developed, becomes a strongly supportive figure for participants); and,
- offenders' attitudes toward consequences of failing the program.

According to DTCIS data, among those who do not graduate, the average length of time in the program was eight months. The information system indicates that non-compliance with program requirements (e.g., participating in treatment, attending court sessions, urine testing) is the most frequent reason that participants are terminated. The case studies indicate that DTCs tend to take a harm reduction approach, in the sense that non-compliance will not automatically lead to the participant being ejected from the program unless issues become persistent and the participant is dishonest.

The survey and case study input suggests that the most common reported challenges to completion are: lack of motivation or readiness on the part of the participant; a lack of access to stable housing or lack of access to other supports (especially residential treatment and quickly available and appropriate withdrawal management supports); and relapses/no movement towards a reduction in substance use.

It is important to note that the case studies point to positive and lasting benefits of DTC participation even if participants do not fully meet the criteria for graduation established by the DTC. Research also shows that DTC participation can have benefits for participants who fail to graduate from DTCs,³⁸ although not as extensively as for those who do graduate. Devall et al. (2017) found that the length of time spent in the program contributes to reductions in recidivism, with longer time in the program resulting in less recidivism.³⁹

4.3.2 Recidivism

The DTCFP-funded DTCs are widely believed to be effective in reducing recidivism, and the literature confirms that participation in DTCs reduces recidivism, although the estimated extent of this impact varies somewhat.

Reduced recidivism is one of the most common measures of the effectiveness of DTCs. However, determining the incremental impact of the program on recidivism is a methodologically demanding measure of performance. The evaluation found that other measures of program success are also relevant and the literature includes some more nuanced measures, such as the nature of re-contacts with the criminal justice system, impacts on substance use and an array of potential health and social outcomes.

The DTCFP recidivism study could not be completed in time to inform the evaluation. As a result, this evaluation report does not include an empirical study of the impact of the DTCs on recidivism.⁴⁰ However, according to DTCIS data, there is limited recidivism during the program, where release from the DTCs is not typically due to new charges, with only a minority of participants (17%) being released for this reason.

Anecdotally, DTC stakeholders strongly believe in the effectiveness of the DTCs. Almost all surveyed stakeholders (90% or more) rate the DTCs as somewhat or very effective in terms of in-program outcomes (e.g., reducing drug use and risk of re-offending while the participant was in the program). The four DTC case studies also indicated that there has been a reduction in recidivism based on their internal tracking and ongoing contacts with participants after they complete the program. DTC team

³⁸ DeVall, K.E., Gregory, P.D., and Hartmann, D.J. (2017). Extending Recidivism Monitoring for Drug Courts: Methods Issues and Policy Implications. *International Journal of Offender Therapy and Comparative Criminology* 2017, Vol. 61(1) 80–99.

³⁹ Ibid.

⁴⁰ An upcoming recidivism study to be conducted by Statistics Canada will examine the impact of the DTCs on recidivism more thoroughly.

members observed participants make progress both in terms of how often they offend as well as notable decreases in the seriousness of new offences.

The anecdotal evidence from this evaluation is confirmed in more rigorous systemic reviews of the impacts of DTCs in peer-reviewed literature. However, it should be noted that there are a number of methodological challenges in many DTC recidivism studies. These are notably: ensuring that the comparison group is truly comparable to DTC participants; that methodological issues such as attrition and adequate follow-up data are addressed;⁴¹ and how concepts such as substance abuse and recidivism are operationalized.⁴² The definition of recidivism often differs between studies, with different lengths of time post-graduation examined and different criteria used for what constitutes re-offending. Other criticisms of the DTC literature include that studies have, to date, been theoretical, producing limited evidence on the factors or features of DTCs that contribute to successful outcomes.

Though their specific research design needs to be taken into consideration, many studies show a reduction in recidivism among DTC participants. A 2012 meta-analysis by Mitchell et al. (2012) reviewed 92 evaluations of DTCs in the United States and found there was an average drop in recidivism from participation in drug courts of 12% and the effects last for up to three years. Other studies show a similar impact of participation in DTCs reducing recidivism:

- Two other similar meta-analyses of DTC evaluations in the United States consistently found a link between DTC participation and reduced recidivism of between 8%-26%.^{43, 44} Marlowe (2010) calculated the average of the impacts (across all five studies included in the meta-analysis) as being approximately a 10% to 15% reduction in recidivism.
- In a Canadian meta-analysis, though the authors judged the quality of DTC literature to be low overall, the effectiveness of DTCs in reducing recidivism was estimated to be 8%⁴⁵ based on the highest quality research.
- Though now dated, another Canadian meta-analysis by Justice Canada (2006) found that in evaluations of Canadian, Australian, and American programs (n = 66), DTC participation was associated with a 14% reduction in crime.⁴⁶
- The 2015 Justice Evaluation of the DTCFP also found that participation in DTCs is associated with a reduction in recidivism.

4.3.3 Substance Use and Other Outcomes

There is evidence that DTCs reduce substance use during the program, as well as provide other positive outcomes (social, employment) for participants.

⁴¹ Drug Policy Alliance. (2011). "Drug Treatment Courts are Not the Answer."

https://drugpolicy.org/sites/default/files/Drug%20Courts%20Are%20Not%20the%20Answer_Final2.pdf

⁴² Logan, M. & Link, N.W. (2019). Taking Stock of Drug Courts: Do They Work?, *Victims & Offenders*, 14:3, 283-298, DOI: 10.1080/15564886.2019.1595249

<https://www.tandfonline.com/doi/full/10.1080/15564886.2019.1595249?scroll=top&needAccess=true>

⁴³ Ibid.

⁴⁴ Marlowe, D.B. (2010) Research Update on Adult Drug Courts.

https://www.huntsvillebar.org/Resources/Documents%20CLE/2013/adc_research_update.pdf

⁴⁵ Gutierrez, L., and Bourgon, G. (2012). Drug Treatment Courts: A Quantitative Review of Study and Treatment Quality. *Justice Research and Policy*.

<https://journals.sagepub.com/doi/10.3818/JRP.14.2.2012.47>

⁴⁶ Latimer, J., Morton-Bourgon, K., & Chrétien, J. A. (2006). A meta-analytic examination of drug treatment courts: Do they reduce recidivism?

The analysis of the DTCIS suggests that DTCs have a positive impact on substance use during the program. These data indicate that participants were administered an average of 32 urine drug tests during their time in the program, and 79% were found to be clean. Anecdotally, the case studies also supported the positive impact of the program in this area. The harm reduction approach within the DTCs insists on honesty, not abstinence during the program, and there were many examples of successes where participants' substance use disorder was effectively addressed or managed by treatment services and consistent accountability before the court and DTC treatment team. Other empirical studies confirm this impact. In a multi-year longitudinal study of DTCs in the US (Rossman, 2011), the researchers found that in contrast to the comparison group, drug court participants were significantly less likely to report using any drugs, and if they had used drugs in the post-program period, participants used less serious drugs and less frequently. These self-reports were confirmed by testing.⁴⁷

Participants talked about the many ways in which their physical health, relationships with family, and social skills had improved as a result of their time in the program. A few explicitly mentioned their program's requirement to go to the gym; another discussed the lasting changes from a nutrition class. Many spoke about repairing relationships with family that had been damaged in the course of their addiction.

- Case study excerpt

The Whitehorse DTC (the Community Wellness Court) has helped connect homeless or unsuitably housed participants with stable housing, helped connect participants with chronic or other neglected health or dental issues with healthcare, and helped provide all participants with tools to comprehensively address their personal struggles with substance-use and mental health and wellness issues. All stakeholders, including participants interviewed, agreed that the health of participants improve through their engagement in the program.

- Case study excerpt

The case studies provided further illustrations of positive impacts of the program in other areas such as re-established relationships with family, including regaining custody of children, physical health, improved perceptions of the justice system and employment. Rossman (2021) found that drug court participants reported significantly less family conflict than comparison offenders; however, differences on other elements such as employment, homelessness, depression and family support were not significant.⁴⁸ A systematic review of studies related to quality-of-life outcomes of DTCs found that there were "moderately positive results" in relation to substance use during the program (less use, less use of serious drugs). The review found few examples of studies that examined quality of life effects, although the review mentioned some positive impacts on participants' employment when the DTC offered employment related interventions.⁴⁹

4.3.4 Unintended Outcomes

While few unintended outcomes of the program were identified overall, the DTCs were seen to positively contribute to advancing the use of collaborative sentencing alternatives in the criminal justice system. For participants, a potential negative outcome of participation in the DTC is accumulating additional charges during the program.

Federal key informants viewed the DTCs as having a positive impact on the criminal justice system as a whole through the court's collaborative and non-adversarial processes. The integrated nature of the

⁴⁷ Rossman, S.B., Roman, J.K., Zweig, J.M., Rempel, M., and Lindquist, C.H. (2011). The Multi-Site Adult Drug Court Evaluation: Executive Summary.

<https://www.ojp.gov/pdffiles1/nij/grants/237108.pdf>

⁴⁸ Ibid.

⁴⁹ Wittouck, C., Dekkers, A., De Ruyver, B., Vanderplasschen, W., and Vander Laenen, F. (2013) The Impact of Drug Treatment Courts on Recovery: A Systematic Review, *The Scientific World Journal*, vol. 2013, Article ID 493679, 12 pages, 2013.

<https://doi.org/10.1155/2013/493679>

DTC services was further perceived to act as a catalyst for thinking about how health and social services and the criminal justice system can work together.

Due to the rigours of the program, participants who are not ready or motivated to comply with DTC requirements may accumulate more charges (particularly administrative charges) when judicial conditions are breached, such as failure to appear in court and/or being caught breaching curfew or boundaries restrictions. The fact that DTC participants are required to be in court frequently, have strict bail conditions, and are generally subject to more scrutiny, makes them more susceptible to collecting administrative charges. Accumulating charges can result in disincentivizing participants to continue in the program or even apply to the program. The literature on DTCs also notes this phenomenon in the United States, where DTC programs can act as an add-on to incarceration when participants who are terminated from the DTC then begin their conventional sentence.⁵⁰

4.4 Efficiency

4.4.1 Management of Grants and Contributions Funds

The DTCFP is efficiently delivered, with almost all of the funds being expended between 2016-17 and 2020-21.

During the years covered by the evaluation, the DTCFP expended \$18.6M (99%) of the total \$18.7M in Gs&Cs allocated (see Table 6 below). There was a small lapse in funding in 2018-19, but no other lapses occurred during the evaluation period. DTCFP direct program operations/administration account for a small proportion of total program costs during the study period.

Table 6: Gs&Cs Program Budget and Expenditures by Category

	2016-17	2017-18	2018-19	2019-20	2020-21	2016-17 to 2020-21
Budgeted	\$3,646,000	\$3,781,276	\$3,725,000	\$3,767,000	\$3,746,000	\$18,665,276
Expended	\$3,646,000	\$3,781,276	\$3,725,000	\$3,692,000	\$3,746,000	\$18,590,276
Lapse	0	0	0	\$75,000	0	\$75,000
Lapse %	0%	0%	0%	2%	0%	0.4%

Source: Justice Financial Management System

Funding for the DTCs is allocated after receipt of an application from PTs and a Departmental review process. Following approval, funding to PTs for their DTCs is transferred through five-year signed contribution agreements.

Following reception of financial claims by PTs and their review and acceptance by the Department, funds are transferred to cover the eligible operational/unique/direct costs of the DTCs (e.g., salaries, costs of urine testing and treatment costs).

Agreements under the DTCFP with the PTs range significantly in value from between \$75K to \$1M per year, and agreements can include multiple DTCs. The federal contribution cannot exceed \$750,000 per site per fiscal year for the period of funding agreements. The PTs are not required to

⁵⁰ Drug Policy Alliance. (2011). "Drug Treatment Courts are Not the Answer." https://drugpolicy.org/sites/default/files/Drug%20Courts%20Are%20Not%20the%20Answer_Final2.pdf

contribute to the budget line items per site supported by the DTCFP (and outlined in the contribution agreements), but they do cover costs associated with DTC operation.

4.4.2 Cost Effectiveness

Literature suggests that DTCs are a cost-effective alternative to the traditional criminal justice response. This is achieved through addressing underlying addiction and criminogenic factors which, in turn, reduces the revolving door of contacts with the criminal justice system.

The evaluation of the DTCFP did not directly assess the cost effectiveness of the program due to the inability to conduct a recidivism study within the timeframe of the evaluation and lack of information on the total costs of the DTCs which also includes PT contributions.

The literature review found that the cost effectiveness of DTCs depends on factors such as the success and operational design and costs of the DTC, as well as the methodological approach used to calculate the costs and benefits. Studies that calculate cost effectiveness often do so on the basis of incarceration (not diversion or community-based sentences which are less expensive alternatives compared to incarceration) being the alternative to the DTC. The costs of incarceration are far higher than supervision of community-based sentences.⁵¹ Studies also look at the avoided justice system response costs when recidivism is reduced for DTC participants and some methodologies include indirect cost savings, such as reduced reliance on health and social services for participants in recovery.

Studies and systematic reviews in the US indicate variable cost-effectiveness ratios – for every \$1 invested in DTCs, there is a return of between \$2 and \$10.^{52, 53} The cost effectiveness of the program was found to be contingent on program fidelity to the key components of the DTC approach: “multidisciplinary team approach, an ongoing schedule of judicial status hearings, weekly drug testing, contingent sanctions and incentives, and a standardized regimen of substance abuse treatment.”⁵⁴ Rossman (2011) found a less compelling cost-effectiveness ratio in a multi-site, multi-year DTC evaluation. According to this study, “the net benefit of drug courts is an average of \$5,680 to \$6,208 per participant, returning \$2 for every \$1 of cost, but these findings are not statistically significant.”⁵⁵ Rossman and others (Marlowe, 2010) found that there is greater DTC cost effectiveness for more serious offenders.

During the period under study, two DTCFP-funded DTCs conducted evaluations of their program that included an analysis of cost effectiveness. While the evaluations did not include a control group, the reported findings fall within the range of impacts identified in the literature.

⁵¹ In Canada, the federal average of the annual average cost of keeping an inmate incarcerated was \$125,466 in 2017-18 (higher for men compared to women and costs fluctuate across PTs with higher costs associated with smaller and Northern jurisdictions). The cost associated with a community sentence was \$32,327 (74% less).

<https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/ccrso-2019/index-en.aspx#b3>

⁵² Legislative Services Agency of Iowa. “Cost-Benefit Analysis of Drug Courts”, Issue Review, December 20, 2013.

<https://www.legis.iowa.gov/docs/publications/IR/24325.pdf>

⁵³ Hazeldean Betty Ford Foundation website.

<https://www.hazelden.org/web/public/ade60612> .Page accessed March 2021.

⁵⁴ Marlowe, D.B. (2010) Research Update on Adult Drug Courts.

https://www.huntsvillebar.org/Resources/Documents%20CLE/2013/adc_research_update.pdf

⁵⁵ Rossman, S.B., Roman, J.K., Zweig, J.M., Rempel, M., and Lindquist, C.H. (2011). The Multi-Site Adult Drug Court Evaluation: Executive Summary.

<https://www.ojp.gov/pdffiles1/nij/grants/237108.pdf>

- An evaluation of the Winnipeg DTC in 2015 found that: “Drug courts return an average of \$2.21 to the justice system for every one-dollar invested and up to \$12 in community impacts for every dollar invested”.⁵⁶
- Calgary’s 2019 evaluation, which included an analysis of cost avoidance and savings related to recidivism for graduates of the program, reported that their DTC led to avoidance of \$7.4 million in the cost of incarceration for the average one year in custody graduates did not serve. Additional benefits were estimated in terms of avoided police response 2.3 years following graduation.⁵⁷

5 CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

5.1.1 Relevance

The evaluation found that the DTCFP is a relevant program that provides funding to an increasing number of DTCs in jurisdictions across Canada. The Program is well aligned with federal and Justice priorities. The most recent ministerial mandate letter and 2021 budget have committed to expanding the number of DTCs. As an alternative to incarceration, DTCs reflect the evolving perception that the criminal justice impacts of problematic substance use can be best addressed using a health-based or therapeutic approach.

The DTCs funded by the DTCFP are guided by similar, recognized principles of the DTC model. At the same time, there is flexibility for DTCs to deliver this sentencing alternative based on their jurisdictional context, profile of participants and the availability of local community-based resources.

5.1.2 Performance

Effectiveness

The DTCFP-funded DTCs serve a small population of offenders, and program participation increased during the period under study. Referrals to the program can be uneven based on the willingness and eligibility of offenders, and the Crown and judicial role in the decision to admit applicants into the program. The profile of participants has shifted only slightly since the last program evaluation in 2015. DTC participants are mainly Caucasian men, although the proportion of participants who are Indigenous has increased somewhat.

The eligible target group for DTCs is defined by PPSC, although each DTC may further refine their eligibility criteria to be suited to their context. There are challenges to equitable access to DTCs based on some differences across DTCs in how the eligibility criteria are applied, waitlists for some DTCs, and barriers for those who live outside of the urban centres where the DTCs are located. While the eligibility criteria are, as a whole, considered appropriate, there is an interest in experimentation by some DTC stakeholders to allow for more case-by-case consideration of eligibility, taking into account contextual factors such as those related to the risk to public safety criteria (nature of the charge, history of violent offences). There is a perception that the current eligibility criteria may contribute to an under-

⁵⁶ Winnipeg Drug Treatment Court (2019). WDTC – an overview. https://www.ourcommons.ca/content/Committee/421/HESA/WebDoc/WD10534754/421_HESA_reldoc_PDF/WinnipegDrugTreatmentCourt-e.pdf

⁵⁷ Hoffart, I. (2020). Calgary Drug Treatment Court – 2019 Evaluation Report. <http://calgarydrugtreatmentcourt.org/wp-content/uploads/2020/09/Calgary-Drug-Treatment-Court-2019-Evaluation-July-2020.pdf>

representation of some identity groups among DTC participants (e.g., women, Indigenous or racialized individuals) who are impacted differently by the criteria.

The evaluation found that DTC programming is highly individualized and offers tailored content based on participants' needs and identity factors. DTC participants confirm access to many resources and participation in a variety of supports. A lack of community-based, stable housing for participants is one of the most commonly identified gaps in services. Mental health services and treatment beds are also lacking in some centres. The retention rate in the program is about 30%. This is not unusual for DTCs given the high risk to reoffend/high needs of the target group and the rigors of the program. Despite not meeting the standard for graduation, the evaluation found that participants can experience benefits from the program even if they do not complete all the requirements.

Anecdotally, the DTCFP-funded DTCs are seen to have a positive impact on recidivism and this is generally confirmed by the literature on the DTC model. The DTCs also have benefits in reducing substance use while in the program, and participants report other beneficial outcomes such as reconnecting with family, positive health impacts and progress on employment and educational goals.

Operationally, DTCFP stakeholders are generally satisfied with the implementation of their DTC. However, the COVID-19 pandemic was seen to have had a negative impact on the DTCs due to a reduction of in-person participation since a cornerstone of the program is relationship-building with participants and engagement by the judge and treatment team. Nevertheless, for some participants who may experience practical challenges with in-person attendance at court and treatment, the virtual model used during the pandemic restrictions was found to have some benefits and could be worth exploring following the pandemic.

The FPT Working Group meets regularly to share information about the DTCFP and the implementation of the DTCs across jurisdictions. There remains an appetite for greater connectedness at the DTC level to share lessons learned. To support reporting and learning about the program, the DTCIS has a number of limitations. While some information is available on the profile of participants and completion rates, there are significant caveats due to incomplete and inconsistent data practices.

Almost all jurisdictions are interested in expansion of DTCs, including establishing additional centres or increasing capacity to meet demand. Some stakeholders felt there were opportunities to look at new streams of participants for DTCs such as an early intervention DTC (diversion prior to guilty plea), DTCs for lower risk participants or those with less serious offences, an Indigenous focused DTC, and a harm-reduction focused DTC (e.g., different success criteria, different graduation criteria).

Efficiency

The evaluation found that the DTCFP is an efficiently managed program that has expended the majority of allocated G&C funding during the study period. Agreements under the Program with the PTs range significantly in value from between \$75K to \$1M per year, and agreements can include multiple DTCs. While the evaluation could not directly determine the cost effectiveness of the DTCFP, Canadian and international studies suggest that DTCs are more cost-effective compared to incarceration.

5.2 Recommendations

Based on the evaluation findings, the following three recommendations are offered:

Recommendation #1: Continue to enhance sharing of information and lessons learned among the DTCs.

The evaluation found that while the FPT Working Group is functioning effectively, results suggest that information sharing could be improved. Many DTCs would welcome more formal opportunities to connect with DTCFP-funded DTCs across the country to share best practices and lessons learned. Evaluation key informants suggested several options to enhance information sharing, for example: regular conferences, a regular newsletter, creating a repository of shared documents and resources; and/or community of practice or other forum for discussion. As jurisdictions and DTCs continue to explore expansion, these options will remain relevant to stakeholders.

Recommendation #2: The Program, in collaboration with the FPT Working Group, should consider ways to support DTCs in any efforts to include groups who may be under-represented or experience barriers to access.

While the DTCFP is not responsible for DTC eligibility criteria, the profile of DTC participants and the perceptions of stakeholders suggests a need to monitor the reach of the program and address barriers to access that may exist. There are opportunities to support and learn from several DTCs that are undertaking efforts to address under representation through raising awareness and increasing connections with community-based organizations and greater case-by-case consideration of context in applying the eligibility criteria.

Furthermore, as almost all jurisdictions are interested in DTC expansion, there is an opportunity to explore the use of experimentation when increasing the number of centres, or the capacity of existing DTCs. The evaluation found there to be an interest among stakeholders in exploring new streams for DTCs and/or avenues to reach potential participants who face access barriers.

Recommendation #3: Examine ways to enhance DTCIS reporting quality and strengthen the expectations in funding agreements for reporting by DTCs.

The DTCIS provides some information to Justice about the DTCFP-funded DTCs, but the data have limitations due to inconsistent and incomplete data from all DTCs. In consultation with DTCs, identifying need-to-know data points and resolving capacity and technical issues experienced by the DTCs would result in greater confidence in the data. Given some outstanding questions about under-representation among DTC participants, improving tracking of program activity from referral to acceptance in the program would contribute to greater understanding of current application processes.

APPENDIX A: DRUG TREATMENT COURT PRINCIPLES

The Public Prosecution Service of Canada Deskbook⁵⁸ pertaining to Drug Treatment Courts (DTCs) lists the following internationally recognized DTC principles that have been adopted by the Canadian Association of Drug Treatment Court Professionals. In order to be approved by the Attorney General (or representative), a DTC program should comply with these principles.

- Integrated justice system case processing and substance use treatment services;
- A non-adversarial approach to case problem solving by the judge, prosecutor and defence counsel;
- Eligible participants are identified early and placed in the DTC program as promptly as possible;
- DTCs provide access to a broad continuum of treatment and rehabilitative services;
- Objective monitoring of participants' compliance by frequent substance abuse testing;
- Coordinated strategic response to program compliance and non-compliance by all disciplines involved (including police, probation, prosecutor, treatment, social workers and court);
- Swift, certain and consistent sanctions or rewards for non-compliance or compliance;
- Ongoing direct judicial interaction with participants;
- Monitoring and evaluation processes for the achievement of program goals and to gauge effectiveness;
- Continuing interdisciplinary education of the entire DTC team;
- Forge partnerships among courts, treatment and rehabilitation programs, public agencies and community-based organizations to increase program effectiveness and generate local support for the program;
- Ongoing case management, including social re-integration support; and,
- Adjustable program content, including incentives and sanctions, for groups with special needs, (e.g. women, minority ethnic groups and persons with mental disorders).

⁵⁸ Public Prosecution Service of Canada Deskbook, Part VI, 6.1 Drug Treatment Courts.
<https://www.ppsc-sppc.gc.ca/eng/pub/fpsd-sfpg/fps-sfp/tpd/p6/ch01.html>

APPENDIX B: EVALUATION ISSUES AND QUESTIONS

Issue #1: Relevance

- 1.1 To what extent is the DTCFP relevant and responsive to:
 - 1.1.1 Federal government priorities;
 - 1.1.2 The changing landscape of Canada's justice system, including recent policy changes; and,
 - 1.1.3 Recent approaches/techniques to drug rehabilitation?

Issue #2: Design and Delivery

- 2.1 Do Canadians have equal access to DTCs (e.g. including gender or ethnicity)?
 - 2.1.1 What are the demographics of DTC participants (e.g., including gender or ethnicity)? Are there any factors that impact participation in the program?
 - 2.1.2 Do DTC eligibility criteria differ across the country? Are there any challenges or best practices in terms of the development or application of eligibility criteria? How were eligibility criteria developed, have they changed/evolved? If so how?
 - 2.1.3 Are eligibility criteria being adhered to?
 - 2.1.4 Are certain groups more likely to be screened in or out based on eligibility criteria?
 - 2.1.5 To what extent are DTC participants' treatment plans and services responsive to the needs, identity factors of participants?
- 2.2 Are there any challenges associated with DTC operation and expansion?
- 2.3 Are the reporting requirements in funding agreements appropriate and being adhered to?
 - 2.3.1 Has the performance measurement system and DTCIS data supported reliable DTCFP monitoring and reporting?

Issue #3: Effectiveness

- 3.1 What factors impact retention in DTCs?
 - 3.1.1 What percentage of participants complete the program?
 - 3.1.2 Do completion rates differ (e.g., by gender or for Indigenous or non-Indigenous participants)?
 - 3.1.3 What are the factors that facilitate or impede completion and retention?
- 3.2 What impact does access to community support services have on DTC outcomes?
 - 3.2.1 To what extent have DTC participants utilized various community services and supports?
 - 3.2.2 Does access to community support services impact DTC program completion or recidivism?
- 3.3 To what extent does the DTCFP facilitate information sharing among DTCs, federal/provincial/territorial representatives, and external partners, including sharing best practices and lessons learned?
 - 3.3.1 Are current practices for sharing of information effective? Are there any suggestions for improvement?
- 3.4 To what extent have DTCs contributed to DTC participants' health and social stability (e.g., illicit drug use, employment)?
- 3.5 To what extent have DTCs contributed to the reduction in criminal recidivism among participants?

3.5.1 Are there any unintended impacts (positive or negative) of DTCs?

Issue #4: Efficiency and Economy

- 3.6 How efficient is the DTCFP in managing the funding agreements for federally funded drug treatment courts?
- 3.7 Do DTC programs represent a cost-effective and appropriate means of reducing drug use and criminal recidivism among the target group, as compared to the mainstream justice system?

APPENDIX C: EVALUATION METHODOLOGY

The evaluation of the DTCFP relied on multiple lines of evidence that were triangulated and form the evidence base for the study's conclusions and recommendations. The data collection occurred between December 2020 and May 2021. DTCIS data was extracted up until June 17, 2021, due to delays in data entry. The lines of evidence included a review of literature, documents and data, a review of DTCIS data, an online survey of stakeholders and key informant interviews.

Document, Literature and Data Review

Document review: A document review was conducted to provide background information for the DTCFP, including context, design and implementation, and was also used as evidence to address the evaluation issues and questions. The types of documents that were reviewed included:

- corporate and program foundational documents (e.g., legislation, mandate letters);
- program implementation documents (e.g., policies and guidelines, PT funding agreements, FPT working group materials);
- performance information (e.g., previous program evaluation and associated action plans and follow-up, DTC evaluations);
- other special studies and reports; and,
- financial information on planned and actual funding by fiscal year.

Literature review: A focused review of literature was undertaken, including: (i) peer-reviewed articles; and (ii) published and unpublished reports and other documents produced mainly by and for government, agencies and non-governmental organizations (grey literature). The review particularly focused on systematic reviews and empirical studies of the effectiveness and cost effectiveness of DTCs.

Data review: Criminal justice statistics from the Canadian Centre for Justice Statistics (CCJS)⁵⁹ were used to explore trends in drug offences.

DTCIS

Descriptive analyses of DTCIS data were conducted. The DTCIS is used by most DTCs to record information related to DTC implementation. Data was extracted from the DTCIS into Excel format and included all DTC participants who started the program at some point between April 1, 2015 and June 17, 2021. Once duplicate records and invalid entries were removed, in total, 1,053 records were included in the analysis. The records were imported into R for data processing and analysis. The DTCIS includes data on the socio-demographic characteristics of participants, program status indicators (e.g., completed, non-completed) and results of urine testing.

Survey of DTC Stakeholders

Each DTC was asked to provide a listing of stakeholders for their DTC, including: DTC Directors, judges, Crown and defence counsel, other DTC governance or advisory committee members and external service providers. All DTCs, except those from Alberta and Ontario, provided a listing of names. Alberta and Ontario elected to distribute the link to the survey independently. In total, 162 names were received.

The survey was conducted online, programmed using Réseau Circum's CallWeb software. The instrument included a mix of closed and open-ended questions and was about 20-30 minutes in

⁵⁹ Housed within Statistics Canada, the CCJS provides analysis on a variety of topics and issues concerning victimization, offending and public perceptions of crime and the justice system.

duration. To encourage a higher response rate, email reminders were sent to non-responders, including two follow-up emails. The survey data collection was launched February 22, 2021 and closed March 23, 2021. In total, 139 stakeholders completed the survey. The response rate for the DTCs that provided lists was 49%, with a range in response rates across DTCs. There were somewhat lower response rates from case study DTCs (Regina and Whitehorse). As it is not known how many respondents were provided the open link in Alberta and Ontario, a response rate cannot be calculated.

Response Rate

DTC	Number in Sample	Respondents	Response Rate
Ottawa	NA	NA	NA
Toronto	NA	NA	NA
Edmonton	NA	NA	NA
Calgary	NA	NA	NA
Winnipeg	13	11	85%
Quebec	21	8	38%
Yellowknife	10	6	60%
Regina	38	14	37%
Newfoundland/Labrador	22	15	68%
Vancouver	20	10	50%
Brandon	6	4	67%
Nova Scotia	7	4	57%
Whitehorse	25	8	32%
Total	162	80	49%

Note the number of responses for the open links were as follows: Ottawa (n-5), Toronto (n-40), Calgary (n-7), Edmonton (n-5).

Most respondents were members of the dedicated DTC team (56%), while one in five was an external service provider.

Surveyed Stakeholders: Nature of Involvement in DTC

Responses	%
Member of dedicated DTC management, court or treatment team	56%
Member of DTC governance or advisory committee	21%
External service provider (i.e., not directly connected to the DTC)	19%
Other (please specify)	12%
Defence counsel	9%

n = 139; **Source:** Survey of DTC Stakeholders. Multiple responses possible

Key Informant Interviews

Key informant interviews were conducted to gather in-depth information from DTC representatives and federal officials. In total, 63 interviews were conducted, with the majority of these (n = 59) being conducted in the context of four DTC case studies. The four DTCs that volunteered to participate in the evaluation as case studies were Toronto, Regina, Edmonton and Whitehorse. Each of the DTCs were asked to recommend interviewees for their case study, and the final distribution of interviews by type is presented below.

Distribution of Case Study Key Informants

Type	Number of Interviews
DTC Personnel	6
External treatment/service providers/probation officers	15
Court personnel/legal stakeholders (e.g. judges, Crown counsel defence counsel)	16
Current/past participants	21
Other	1

Tailored key informant interview guides were developed for DTC representatives and for participants. Interviews were conducted with key informants via teleconference in the official language of choice and were approximately 45 to 60 minutes in duration. A copy of the key informant guide was provided in advance of the interview for DTC representatives to allow respondents an opportunity to review/reflect on the questions beforehand.

Interview notes were taken electronically during the interview and combined with documentary sources to provide a detailed description and illustration of the operation and outcomes of each of the case study DTCs. A template for the case study narratives was developed to ensure consistency in reporting across all the case studies. The narrative reports were used to inform evaluation questions related to performance.

In addition to the case study key informant interviews, four interviews were conducted with federal officials from Justice and PPSC.