

**Testimony
of
John K. Roman
Justice Policy Center
Urban Institute**

**Domestic Policy Subcommittee
Oversight and Government Reform Committee
U.S. House of Representatives
Thursday, July 22, 2010**

Mr. Chairman and Members of the Subcommittee:

Thank you for the opportunity to speak today about drug courts and pre-trial diversion. I am a senior researcher at the Urban Institute's Justice Policy Center, where, for more than a decade, we have engaged in extensive research on the effects of drug courts and other pre-trial interventions on crime and public safety. However, the views expressed are my own and should not be attributed to the Urban Institute, its board, or its funders.

The U.S. criminal court system has two broad mechanisms to protect citizens from crime by drug-involved offenders. Offenders can be closely supervised and imprisoned. Or, public safety could be improved by employing more sophisticated interventions that both rehabilitate and deter. For two decades, decisions have been made as if this is a zero-sum game—a choice between protecting the public or helping offenders onto a better path. We have consistently chosen detection and punishment, but there is growing

evidence that this choice has led to more spending and more crime than would have been the case via a more balanced approach.

The challenge is to identify the right mix of interventions. To address this, I will briefly discuss three issues today.

First, do those who enter drug court do better than if they were subject to more routine case processing? Despite dozens of studies, research has not yet definitively answered whether drug courts reduce crime and drug use. To answer this question, in 2004, the Urban Institute, RTI International, and the Center for Court Innovation received funding from the National Institute of Justice to conduct a rigorous, multisite evaluation of adult drug courts. In this study, we interviewed over 5,000 offenders, conducted more than 1,000 drug tests, and collected data on drug court clients in 23 drug courts in eight states and drug-involved offenders going through regular court processing in four of the eight states.

We found that drug court participants self-report significantly less criminal behavior than the comparison group. During the 18-month tracking period, for instance, the total number of criminal acts was reduced by 52 percent. The reductions in offending persisted throughout the observation period, even after most in the treatment group had left drug court.

We also found that significantly fewer drug-court participants self-reported drug use than in the comparison group. Finally, we found that drug courts are cost-effective. The average net benefit to

society is about \$4,000 per drug-court participant, regardless of how well that participant did in drug court.

Second, given these results, why aren't more drug-involved offenders getting into drug courts? I estimate that sometime in 2010, after two decades of drug court operations, the one millionth drug-involved offender will enter a drug court. That achievement is cause for both applause and concern. While drug courts are now fixtures in the criminal court house, the rate at which offenders enroll is growing very slowly. Each year, barely 3 percent of drug-involved offenders in need of treatment enter a drug court because of severe restrictions on eligibility for participation. Expansion is also slowed by a lack of funds, limited treatment availability, and concerns that drug-court clients treated in the community may commit new crimes that prison would have prevented.

A 2008 Urban Institute study examined whether expanding drug courts to more drug-involved offenders is cost-beneficial.¹ While we found that there are about 1.5 million drug-involved arrestees entering the court system annually, only 55,000 are treated in drug courts. Again, that is less than 4 percent of all drug-involved arrestees and less than 1 percent of all arrestees.

We estimate the United States spends slightly more than half a billion dollars to treat drug-court clients each year. This investment

Avinash Singh Bhati and John K. Roman, "Treating Drug-Involved Offenders: Simulated Evidence on the Prospects of Going to Scale," *Journal of Experimental Criminology* 6, no. 1 (2010): 1–33.

yields more than \$1 billion in annual savings, which is more than \$2 in benefits for every \$1 in costs.

We then tested what the costs would be if those offenders commonly excluded from drug court were allowed in drug court. We found that in every category but one the benefits exceeded the additional costs of treatment. Expanding drug court to all 1.5 million drug-involved offenders would be expensive, with a price tag exceeding \$13 billion annually, but would return more than \$40 billion in benefits.

Third, given that drug courts are cost-effective but limited in their reach, how can the criminal justice system maximize their use without adding billions in new costs? One way would be to use less expensive strategies to identify defendants who can be encouraged to desist from offending, allowing drug courts to focus on those who cannot. For example, drug courts and a program like Hawaii's Project HOPE could be linked to provide a continuum of more effective interventions for pre-trial defendants.

Adding a HOPE-like front-end diversion program would dramatically increase the criminal justice system's ability to manage drug-involved offenders in the community. This would be far less expensive than incarceration, would result in less crime, and those who failed would go to drug court—a cheaper, more effective option than prison. However, despite drug courts' successes, without some dramatic expansion of effective supervision strategies, there

is little reason to believe that the amount of crime committed by drug-involved offenders can be substantially reduced using current approaches.

Thank you. I would be happy to answer your questions.