Juvenile Drug Courts: Understanding the Importance of Dimensional Variability

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Juvenile drug courts have emerged as “innovative” responses to juvenile drug offenders, but comparatively little is known about their operations. Using Goldkamp’s typology of adult drug courts and secondary analyses of Cooper and Bartlett’s data from a national-level survey of juvenile drug courts, this article first describes these courts and then analyzes the variability in key dimensions of juvenile drug courts that were operating in the United States on January 1, 1998. Results showed that juvenile drug courts have great variation across their key dimensions (e.g., target populations, target problems, court processing focus, and candidate screening and evaluation). The authors raise questions about future research that might ignore the variance across the key dimensions of juvenile drug courts that were uncovered.

Keywords: juvenile drug courts; specialized juvenile courts; juvenile drug offenders

Between 1997 and 1999, juvenile arrests for drug abuse violations declined by 10% (Snyder, 2000). Although the number of juvenile court delinquency cases involving drug abuse violations did not decline during this period, the rate of increase slowed. In 1997, for example, juvenile courts handled an estimated 182,400 delinquency cases involving drug abuse violations, an increase of 125% over 1988, an increase of 105% over 1993, but only an increase of 4% over 1996 (Puzzanchera et al., 2000).

Explanations for these recent trends in juvenile drug abuse violations vary. For example, the reduction may have been due to regression to more normal levels of drug offending. It is entirely possible that the sharp increases were only short term, and the reductions simply reflected moderation of unreasonably high offense levels having nowhere to go but down.
Others might argue, however, that the reductions were the result of arrest celerity, new programs aimed at juvenile offenders, school resource officers, anti-drug media campaigns, get-tough attitudes on drug abuse violators, an increase in drug abusing juveniles waived to criminal court, and the development of juvenile drug courts. Whatever the explanation, systematic analysis is lacking.

**Juvenile Drug Courts**

Recognizing that the juvenile court was founded on an ideal of care, treatment, and helping (e.g., Ainsworth, 1991; Mack, 1909; Platt, 1977), why are juvenile drug courts needed? In other words, if the care and treatment promised by the juvenile court is already present, why develop a specialized court that is also treatment based?

Juvenile drug courts arose in response to an increase in the number of juvenile drug offenders coming to juvenile court. They can thus be viewed as a tool created to help stem the tide of juvenile drug abuse cases that arose during the 1990s. These courts also offer an innovative way to handle juvenile court dockets and, as such, constitute a case management tool. Finally, juvenile drug courts recognize that enforcement of, and sanctions attached to, court-ordered drug treatment are keys to program success.

More generally, juvenile drug courts are the latest in a long line of specialized, problem-solving courts that emerged in the U.S. justice system during the 1980s and 1990s and that included domestic violence courts, gun courts, adult drug courts, mental health courts, teen courts, and, more recently, reentry courts that manage the transition of offenders from prison to the community. Rottman and Casey (1999) refer to this problem-solving orientation as "therapeutic jurisprudence,” an attempt to "combine a ‘rights’ perspective—focusing on justice, rights, and equality issues—with an ‘ethic of care’ perspective—focusing on care, interdependence, and response to need” (p. 13). Whether they are called problem-solving courts or therapeutic jurisprudence programs, the assumption behind them is that attending to the needs and circumstances of individuals involved in a dispute, as well as the specific legal issues before the court, will lead to more effective dispositions.

Drug courts reshape the professional roles of judges and lawyers working in them. Judges, used to working in relative solitude, become part of a collaborative decision-making team that includes treatment providers, court personnel, and attorneys. Prosecutors and defense counsel learn to coordinate their efforts to achieve a participant’s recovery from alcohol or
drug addiction, muting their traditional adversarial relationship. In the courtroom, the typical lawyer-dominated hearing gives way to conversations between judge and defendant. Judges frequently review hearings to monitor progress, marshal community resources in support of the specialized court function, actively engage and broker support services for their clientele, reward client success, and make use of parsimonious and graduated sanctions for violations (Cooper & Bartlett, 1998). In particular, drug courts have been described as possessing five essential elements: (a) immediate intervention, (b) non-adversarial adjudication, (c) hands-on judicial involvement, (d) treatment programs with clear rules and structured goals; and (e) a team approach that brings together the judge, prosecutor, defense counsel, treatment provider, and correctional staff (Hora, Schma, & Rosenthal, 1999, p. 453). Cooper and Bartlett’s (1998) survey of existing juvenile drug courts conducted for the Office of Justice Programs (OJP) defined a juvenile drug court “as a court that focuses on juvenile delinquency (e.g., criminal) matters and status offenses (e.g., truancy) that involve substance-abusing juveniles” (p. 1). These courts first appeared following establishment of the first adult drug court in Miami in 1989 and were established in five locations in 1995: Jefferson County (Birmingham, Alabama); Tulare County (Visalia, California); Escambia County (Pensacola, Florida); Washoe County (Reno, Nevada); and Salt Lake City (Utah).

Roberts, Brophy, and Cooper (1997) suggested that from the beginning, juvenile drug courts faced unique challenges not encountered in adult drug court, including:

- counteracting the negative influences of peers, gangs, and family members;
- addressing the needs of the family, especially families with substance abuse problems;
- complying with confidentiality requirements for juvenile proceedings while obtaining information necessary to address the juvenile’s problems and progress; and
- motivating juvenile offenders to change, especially given their sense of invulnerability and lack of maturity.

To meet these challenges, juvenile drug courts adopted strategies that differed from traditional juvenile courts. For example, intake assessment would be conducted earlier in the process and would be more comprehensive. Information obtained about the juvenile and the family during intake would then be integrated into the treatment process and would be constantly monitored by the court. Greater coordination would occur among the court,
treatment community, school system, and other community agencies in responding to the needs of the juvenile and the court. Judicial supervision of the juvenile’s case and treatment process would be active and continuous. Finally, there would be increased use of immediate sanctions for noncompliance and incentives for progress for the juvenile and the family.

OJP recently published a status report on the nation’s 91 known juvenile drug courts (OJP Drug Court Clearinghouse and Technical Assistance Project, 2000). Significant results from the survey included the following:

- Nationwide, juvenile drug courts enrolled 3,400 juveniles.
- There were an estimated 2,319 juveniles who are either currently enrolled in drug court programs or who have graduated from drug court.
- The retention rate among juveniles assigned to cases in drug court was more than 65%.
- Positive urinalysis while in drug court was lower (18%) for participants than it was for non-drug-court participants (30%).
- Eight out of 10 drug court participants were male.
- Fifty-two percent of drug court participants were White, 23% were African American, and 20% were Hispanic.
- One half of the juveniles lived with one parent, the biological mother.
- At the time of program entry, 10% of juveniles had been expelled from school, 33% were enrolled in alternative school, and 50% were enrolled in mainstream schools. At the time they started drug court, 20% of the participants were in elementary or junior high school; 33% were in grades 9 or 10; 15% were in grade 11; and 10% were in grade 12.
- At the time of program entry, 38% of the juveniles had been using drugs for 1 to 2 years, 23% for 2 to 3 years, 16% for 3 to 4 years, 10% for 5 to 6 years, and 3% for more than 6 years.

Thus, recent OJP statistics indicate that juvenile drug court participants were disproportionately male, White, living with a single parent, experiencing school-related problems, and had used drugs for a relatively short time. The data also showed that program participants not only were successfully retained in drug court but also were less likely than non-drug-court participants to test positive for illegal substances. But what do these characteristics mean? What are the “distinguishing features” of juvenile drug courts? Is there a single juvenile drug court “model”? Finally, how do the organizational or administrative characteristics of juvenile drug courts compare with those of their adult counterparts? Are juvenile drug courts somehow different than adult drug courts? If so, how do the two differ? The problem is that
few researchers have even asked these questions, let alone tried to answer them.

**Drug Court Typology**

In an interesting critique of adult drug courts, Goldkamp (1999) suggested that the adult “drug court model” consisted of three minimum elements. First, a drug court is a court-centered approach to treatment with reprioritized processing goals, new hearing and enforcement procedures, and a new style of operation. “It is not,” he argued, “a traditional treatment approach that operates with criminal justice clients who have been referred outside of criminal justice” (Goldkamp, 1999, p. 169). Second, a drug court judge is part adjudicator, part supervisor, and part dispenser of treatment. “For the judge, this means dealing with offenders in treatment, having some knowledge of addictive behaviors and a tolerance for initial failures, and adjusting courtroom procedures to correspond to treatment values” (p. 170). Similarly, other support personnel, such as prosecutors, defense counsel, pretrial services, probation, and treatment staff, operate as a team in drug court. And third,

At the heart of the treatment drug court is a newly negotiated working relationship between treatment providers and the criminal court...the drug court works out a regimen or range of treatment services that will be provided during the period the court has the defendant or offender under its control. (p. 170)

However, according to Goldkamp (1999), federal funding from two successive crime bills spread the drug court innovation far faster than empirical knowledge about them was generated, subsequently changed the substance of what a drug court is, and raised questions about the salience of the adult drug court model.

To support his contention that not only the definition of adult drug courts but also their delivery differ substantially, Goldkamp (1999, pp. 154-155) examined existing analyses of adult drug courts and developed a classification scheme consisting of the seven dimensions he perceived as the most salient features of adult drug court. The dimensions included

- target population(s);
- target problem(s);
- court processing: focus and adaptation;
- identifying, screening, and evaluating clients;
• structure and content of treatment;
• responses to performance: client accountability; and
• extent of system-wide support/participation.

In his assessment of adult drug courts, Goldkamp (1999) found wide variation across the courts in each dimension. For example, adult drug courts have addressed a wide range of problems (target problem) involving drug-related offenders and offending. Some have targeted homelessness and heroin addiction, whereas others have targeted drug-related offending involving quality of life, prostitution, and theft. If the target problem becomes too broad, Rottman and Casey (1999) suggested that the potential of drug court is diluted; if the target problem is too narrow, the volume of cases may be too low to warrant a specialized court. Based on Goldkamp’s analyses, it appears that adult drug courts more likely fall into the former category rather than the latter.

Like the target problem, Goldkamp (1999) found variation in the target populations of adult drug courts, including misdemeanor and felony drug defendants, domestic violence offenders, and probation and parole violators. Goldkamp also found additional variation among adult drug court at the point at which drug courts intervened in an offender’s case (what Goldkamp identified as “case processing focus and adaptation”). In some jurisdictions, adult drug court was considered a pretrial diversion, whereas other drug courts were considered a postadjudicatory disposition. There was also variation in how the drug court was integrated into other case processing and/or case management functions in the geographic area covered by the court (i.e., district or circuit court) and variation in the administrative approaches taken by the courts.

According to Goldkamp (1999), adult drug courts also varied in the criteria and procedures used to locate and enroll candidates and in the nature and extent of clinical assessments used to evaluate the drug abuse involvement of candidates once they were located (what Goldkamp calls “identifying and screening candidates”). They also varied in the type and structure of treatment programs, in the requirements for completion, the type of support services available, and the means used to fund treatment (“structure and content of treatment”).

Finally, according to Goldkamp (1999), adult drug courts showed wide variation in the incentives used to reward positive behavior by clients and the sanctions administered to discourage program violation (“client accountability”). Goldkamp suggested that adult drug courts differed in the type of support and participation they received from other criminal justice
If these “dimensions” of adult drug courts are accurate, Goldkamp (1999) suggested that the challenge becomes one of understanding not only the principle components of drug court (i.e., the dimensions of the typology) but also variation in these components and how that variation affected the courts’ operations. For example, generalizations about adult drug court may be difficult to make because of variation across the courts in the dimensions of the typology. Variation across these dimensions may also cause difficulties in evaluating their effectiveness. In short, what may be a “drug court” in one jurisdiction may not be the same entity in another jurisdiction.

Complicating the situation is the fact that drug courts have now spread to the juvenile justice system. If Goldkamp’s (1999) assessment of adult drug courts is correct and his typology accurately captures the essence of both adult and juvenile drug courts, we may find even greater variation across the dimensions of the typology for juvenile drug courts. One reason for this could be because the juvenile justice system is organized around different values and philosophies than is the adult system. Or, it may be the case that juvenile drug courts are organized around completely different critical dimensions and look nothing like their adult counterparts. The problem is compounded because little research has been conducted on drug courts generally and even less attention has been paid to juvenile drug courts. We now present an overview of what is known about juvenile drug courts, at least from an evaluation standpoint.

EXISTING LITERATURE

Since the establishment of the first juvenile drug courts in 1995, evaluation literature has been sparse. Although the evaluation lag may be expected, given the growth in the number of juvenile drug courts from 5 in 1995 to 91 in 2000, more scientific research is needed.

We found published evaluations of only four juvenile drug courts: two by Shaw and Robinson (1998); and one each by Byrnes and Parsons (1999) and Applegate and Santana (2000). All four evaluations are limited by small numbers of program participants and were conducted over relatively short periods of time. Three of the four evaluations did not include an equivalent group of youths not participating in the program. Most leave operational definitions of crucial variables unspecified.
Shaw and Robinson (1998) reported on juvenile drug courts in Santa Clara County (California) and Wilmington, Delaware. Youth \( (n = 9) \) who graduated from the Santa Clara County program had 9.5 months of continuously clean drug screens, averaged 0.44 citations during the year they participated in the program, spent more time in treatment, had higher motivation levels, and had higher levels of self-disclosure than those still in the program \( (n = 32) \) or those who dropped out or were transferred out \( (n = 20) \). However, the authors offer no empirical support for most of these generalizations.

Shaw and Robinson’s (1998) evaluation of the Wilmington Juvenile Drug Court compared the recidivism rate of 81 compliant and noncompliant juveniles during 4 months in the treatment program and 12 months after graduation/termination. The compliant group (number not specified) graduated the program, whereas the noncompliant group (number not specified) initially entered treatment but was unsuccessful. The authors matched the compliant and noncompliant group of juveniles against a control group of 90 untreated misdemeanor juveniles (matching variables unspecified) and found that the compliant and noncompliant group averaged a recidivism rate (definition unspecified) of 21% during the 4-month treatment period. The control group’s recidivism rate was 30%. Postprogram recidivism (definition unspecified) after 12 months from graduation/termination was 23% for the compliant group, 75% for the noncompliant group, and 51% for the matched control group. No explanation was given as to why recidivism was higher for the noncompliant group than the control group.

Byrnes and Parsons (1999) reported on Utah’s Juvenile Drug Court. Comparing average numbers of criminal, alcohol, and drug offenses for 74 juvenile drug court participants and a matched sample of 74 juvenile offenders in terms of age, ethnicity, other personal characteristics, and referred to juvenile court during the same time as drug court youth, Byrnes and Parsons reported that the treatment group averaged 1.8 criminal charges in the year prior to participating in the program and 0.7 charges in the year after completing the program. The control group averaged 1.1 and 0.5, respectively. The average number of alcohol- and drug-related offense charges for the treatment group were 1.4 in the year prior to participation and 0.2 the year following participation. For the control group, the numbers were 1.1 and 0.1, respectively.

In 2000, Applegate and Santana reported on the Orange County (Florida) Juvenile Substance Treatment Court. Sixty-six juveniles were admitted to treatment and later released, 28 graduated from the program (“successful”),
and 38 did not graduate (“unsuccessful”). The researchers examined three questions: (a) What characteristics distinguished those juveniles who successfully completed treatment from those who failed? (b) What was the effect of drug court on youths’ overall level of social and psychological functioning, as measured by the Children’s Global Assessment Scale? and (c) What was the influence of the drug court on recidivism?

Statistically significant predictors of “successful” versus “unsuccessful” included (a) youth’s frequency of drug use on entry into the drug court program (14% for successful and 45% for unsuccessful youth); (b) nearly all of the successful youths’ families were supportive of treatment, whereas only two thirds of the unsuccessful youths’ families had a “good” attitude toward the program; (c) race (White 71% and African American 14% successful); and (d) average days in treatment (196 days for the successful and 77 days for the unsuccessful). Overall levels of social and psychological functioning increased 18 points for the successful group and declined 2 points for the unsuccessful group. Recidivism (rearrest) was 7% for successful youth and 12% for unsuccessful youth. Regarding number of days from release to rearrest, the researchers found that program graduates remained arrest-free for more than 134 days. Unsuccessful youth averaged only 88 days before being arrested. Applegate and Santana (2000) concluded,

Thus, even when we considered the amount of time that youths were free to recidivate, those who graduated from the program recidivated at a lower rate and their eventual arrests were delayed for a longer time than those who failed in the program. (p. 16)

To understand the distinguishing features of juvenile drug courts, we apply Goldkamp’s (1999) typology to survey data collected by OJP from juvenile drug courts that were operating in the United States on January 1, 1998.

METHOD

Our analyses used data originally collected by Cooper and Bartlett (1998) from a survey of all juvenile \( n = 30 \) and family \( n = 6 \) drug courts in operation on January 1, 1998. For purposes of their study (as well as our study), Cooper and Bartlett defined a juvenile drug court as “a court that focuses on juvenile delinquency (e.g., criminal) matters and status offenses (e.g., truancy) that involve substance abusing juveniles” (p. 1).
Cooper and Bartlett (1998) collected survey data on juvenile drug courts’ (a) operational, caseload, and organizational characteristics; (b) participant enrollment status (e.g., nature of charges, age, and ethnic origin of participants, family status, and substance abuse); (c) primary and secondary program goals; (d) eligibility criteria; (e) court policies, procedures, organization, and testing (e.g., intake, screening, and assessment; case management and other program support functions; decision-making authority; program phases; drug testing; and policies regarding use of pharmacotherapeutic interventions and alcohol use); (f) services provided to participants (e.g., type and frequency); (g) types of agencies providing services to the courts; (h) frequency of judicial contact with participants; (i) responses to participant progress (e.g., sanctions and incentives used); and (j) requirements for program completion (including reasons for involuntary termination). From these data, we created two sets of variables: a set of variables that captured the general characteristics of the courts and a set of variables corresponding to the dimensions of Goldkamp’s (1999) adult drug-court typology described above. We now discuss in greater detail the variables we created for use in the secondary data analyses.

**General Descriptive Information**

Descriptive variables included (a) the court’s year of inception, (b) the average program cost per client (or his or her family), (c) annual program capacity, (d) average annual number of eligible clients, and (e) average annual number of clients accepted.

**Goldkamp Typology Variables**

*Target problem(s).* To assess juvenile drug courts’ target problems, we created two variables that reflected the goals of the court: primary and secondary.

*Target population(s).* The variable representing the court’s target population(s) was the charge(s) against the offender that made him or her eligible for program inclusion. 3

*Court processing: Focus and adaptation.* Goldkamp (1999, p. 174) argued that adult drug courts intervened with drug court candidates at various stages of criminal processing, ranging from immediately after arrest to postprobation revocation. Although Cooper and Bartlett (1998) did not col-
lect juvenile drug court processing data on the specific administrative approach taken by the court, they did collect data on the agency responsible for case management in the drug court program and data on the types of services the agency rendered to the program. Using these data, we created two variables (type of agency and type of service rendered) to represent the court-processing aspect of the drug court typology.

*Identifying, screening, and evaluating candidates.* To examine this component of the drug court typology, we created two variables from the Cooper and Bartlett (1998) data set. The first variable was whether the service agency performed pretrial assessment of prospective program participants, whereas the second variable was the type of substance for which initial drug testing was performed.

*Structure/content of treatment.* Constructed variables representing this component of the typology included (a) the frequency of drug testing at the various phases of the program, (b) type of substance routinely tested across program phases, (c) frequency of individual therapy across phases, (d) type of aftercare available for participants, (e) frequency of judicial contact with participants and frequency of judicial contact with client’s parents across the program’s phases, (f) length of the program, and (g) specific graduation requirements for participants.

*Responses to performance: Client accountability.* To assess client accountability, we created two variables: *incentives* (tactics the courts used to encourage client compliance with program parameters) and *sanctions* (the types of punishment courts used against clients who failed to comply with program mandates).

*Extent of system-wide support/participation.* This component of the typology included the involvement of other agencies and the integration of their services into the drug court program. Here, we created a single variable—number of agencies on which the court relied for service provision—to assess this component of the typology.

With these methodological considerations in mind, we now present the results of our analyses. Table 1 presents the results of our descriptive analysis of the general characteristics of juvenile drug courts. Table 2 presents the results of our analyses guided by Goldkamp’s (1999) typology of adult drug courts and of the variation across the courts in the dimensions of the typology.
ANALYSES AND RESULTS

General Description of Juvenile Drug Courts

Table 1 provides the first hint of the widespread variation in the characteristics of juvenile drug courts. For example, Table 1 indicates that most (57%, n = 17) of the juvenile drug courts began operation in 1997, whereas the fewest number of courts (n = 6) began their operations in 1998. That 20% of these courts were created in 1995 indicates that at least some of them followed relatively quickly on the heels of the first adult drug courts that were created in the late 1980s and early 1990s. Results in Table 1 also show that there was significant variation across the courts in costs assessed to clients (or to their families) for court-based programs. Costs ranged from less than $500 to more than $2,100, with almost three fourths of the courts indicating that they charged their clients $1,500 or less for the program.

Turning next to court caseloads, Table 1 indicates that the programs had an average annual capacity of 106 clients while having (on average) 252 eligible clients. These figures translated to a ratio of about 2.3:1 eligible clients...
Table 2: Profile of Juvenile Drug Courts Based on Goldkamp Typology

<table>
<thead>
<tr>
<th>Goldkamp Dimension</th>
<th>Most Common Characteristic of the Dimension</th>
<th>Variation in the Dimension</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Target problem</td>
<td>Primary goal: Eliminate juvenile substance abuse (100%)</td>
<td>Secondary goals: Reduce likelihood of future juvenile delinquency (81%), improve juvenile’s school performance (73%), eliminate parents’ substance abuse (25%), address juvenile’s SES problems (23%)</td>
</tr>
<tr>
<td>II. Target population</td>
<td>Drug possession offenders (100%)</td>
<td>Property theft (91%), DUI (67%), truancy (48%)</td>
</tr>
<tr>
<td>III. Court processing: Focus and adaptation</td>
<td>Extent and nature of services provided</td>
<td>Appear at hearings (100%)</td>
</tr>
<tr>
<td>IV. Identifying, screening, and evaluation of candidates</td>
<td>Type of services provided by outside agencies</td>
<td>Appear at hearings (100%)</td>
</tr>
</tbody>
</table>

(continued)
<table>
<thead>
<tr>
<th>Goldkamp Dimension</th>
<th>Most Common Characteristic of the Dimension</th>
<th>Variation in the Dimension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus of urinalysis testing</td>
<td>Marijuana (56%)</td>
<td>Methamphetamines (50%), alcohol (48%), barbiturates (40%), heroin (36%), LSD (33%), PCP (21%)</td>
</tr>
<tr>
<td>Drug testing agency</td>
<td>Private treatment agency (42%)</td>
<td>Probation department (23%), other (22%), TASC (15%), private lab (15%), state crime lab (12%), other agency (4%)</td>
</tr>
<tr>
<td>Cost per drug test</td>
<td>$1 to $3</td>
<td>Range: $1 to $9</td>
</tr>
<tr>
<td>V. Structure and content of treatment</td>
<td>12 months (41%)</td>
<td>13 to 24 months (37%), indefinite (22%)</td>
</tr>
<tr>
<td>Program length</td>
<td>Sobriety (100%)</td>
<td>Complete treatment (83%), earn high school diploma/GED (66%), complete community service (45%), maintain stable living arrangements (41%), other (24%), pay fees (21%)</td>
</tr>
<tr>
<td>Graduation requirements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency of drug testing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase I</td>
<td>Twice a week (44%)</td>
<td>Once a week (37%) to twice a month (4%)</td>
</tr>
<tr>
<td>Phase II</td>
<td>Once or twice a week (35%)</td>
<td>Twice a month (22%)</td>
</tr>
<tr>
<td>Phase III</td>
<td>Once a week (35%)</td>
<td>Twice a week (13%) to twice a month (30%)</td>
</tr>
<tr>
<td>Phase IV</td>
<td>Twice a month (46%)</td>
<td>Twice a week (18%)</td>
</tr>
<tr>
<td>Frequency of individual therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase I</td>
<td>Once a week (71%)</td>
<td>Daily (7%) to twice a week (14%)</td>
</tr>
<tr>
<td>Phase II</td>
<td>Once a week (70%)</td>
<td>Daily (10%) to twice a week (20%)</td>
</tr>
<tr>
<td>Phase III</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Phase IV</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Frequency of judicial contact with juvenile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase I</td>
<td>Once a week (41%)</td>
<td>Twice a month (33%) to every other month (11%)</td>
</tr>
<tr>
<td>Phase II</td>
<td>Twice a month (41%)</td>
<td>Once a week (7%) to every other month (19%)</td>
</tr>
</tbody>
</table>

(continued)
TABLE 2 (continued)

<table>
<thead>
<tr>
<th>Goldkamp Dimension</th>
<th>Most Common Characteristic of the Dimension</th>
<th>Variation in the Dimension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase III</td>
<td>Once a month (67%)</td>
<td>Once a week (8%) to every other month (4%)</td>
</tr>
<tr>
<td>Phase IV</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Frequency of judicial contact with parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase I</td>
<td>Once a week (36%)</td>
<td>Twice a month (20%) to once a month (16%)</td>
</tr>
<tr>
<td>Phase II</td>
<td>Twice a month (31%)</td>
<td>Once a week (8%) to once a month (23%)</td>
</tr>
<tr>
<td>Phase III</td>
<td>Once a month (47%)</td>
<td>Once a week (5%) to every other month (26%)</td>
</tr>
<tr>
<td>Phase IV</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Nature of court-ordered aftercare services</td>
<td>Referral for services (71%)</td>
<td>Relapse prevention and support services (35%), mentoring (18%), emergency hotline (12%)</td>
</tr>
</tbody>
</table>

VI. Responses to client performance
Sanctions used for client noncompliance
- Incarceration and increased treatment (each at 96%)
- Community service, increased drug testing/AA/NA meetings (each at 92%), write an essay (85%), increased reporting to PO (81%), short-term detention (80%), EM (60%), suspend driving privileges (43%), jail parents (17%)
- Reduce curfew (62%), dismiss case (59%), early release from program/EM/house arrest (each at 52%), award prizes (48%), reduce detention (41%), restore driver’s license (35%), award bonus points (21%)

Incentives used to encourage client compliance
- Public recognition of progress (86%)
- Reduce curfew (62%), dismiss case (59%), early release from program/EM/house arrest (each at 52%), award prizes (48%), reduce detention (41%), restore driver’s license (35%), award bonus points (21%)

VII. Extent of system-wide support
Number of treatment providers
- One (54%)
- Two (8%), three to five (19%), six to eight (19%)

...to available slots in the drug court programs. Furthermore, because the courts (on average) accepted only about 67 clients into their programs each year, the ratio of eligible clients to clients actually participating in drug
court was about 4:1. Critics of the “war on drugs” (e.g., Walker, 1998) have argued that one consequence of the drug war has been that the number of drug-abusing offenders eligible for treatment programs has far exceeded the capacity of most treatment programs. Juvenile drug offenders may be experiencing the same problem: they either need or desire the services of drug court and are eligible for inclusion but cannot enroll in the programs due to space limitations.

Finally, Table 1 shows that 67% of the juvenile drug courts \((n = 20)\) also had an adult drug court operating in their jurisdiction. The result of this could have been the juvenile drug courts modeling themselves after their adult counterparts and may help to explain further the variation in juvenile drug court characteristics described in Table 1.

### Assessing the Key Dimensions of Juvenile Drug Courts

Table 2 presents the results of our analyses guided by Goldkamp’s (1999) typology of adult drug courts. The first column of Table 2 presents the specific dimension of the typology under review and any subcomponents of that dimension. The second column of Table 2 presents the most common (modal) characteristic of the dimension or subdimension across the courts. The third column of Table 2 describes variation in the dimension/subdimension across the courts.

### Target Problems

We defined as the courts’ target problem the specific goal(s) the courts sought to achieve and then subdivided the court’s goals into whether they were primary or secondary. As shown in Table 2, our results show that all of the courts indicated that eliminating juvenile substance abuse was a primary goal of juvenile drug court. However, the courts also self-identified additional program goals, including reducing future delinquency \((n = 21)\), improving the juvenile’s school performance \((n = 19)\), eliminating the parents’ substance abusing behavior \((n = 5)\), or addressing the offender’s socio-economic problems \((n = 5)\). Overall, we found that 2% \((n = 1)\) of the drug courts addressed one target problem, 30% \((n = 9)\) of the courts addressed two target problems, 46.7% \((n = 14)\) of the courts addressed three target problems, 10% \((n = 3)\) addressed four target problems, and 3.3% \((n = 1)\) addressed five target problems.
Target Population

We defined the court’s target population as the charge(s) that made the juvenile eligible for drug court. The results shown in Table 2 indicate wide variation in offender eligibility for juvenile drug court. Although all of the reporting courts indicated that drug possession was an eligible charge, more than 38% of the courts \((n = 8)\) indicated that as many as four different drug/drug-related charges made juveniles eligible for drug court intervention. The “net” of juvenile drug courts appears to extend far beyond specific drug charges to include “drug-related offenses” such as DUI, theft, or even truancy. This finding suggests that juvenile drug courts contribute to the “net widening” phenomenon in juvenile justice that critics argue has become rampant since the 1980s (see, e.g., Austin & Krisberg, 1982; Lundman, 1993; Schneider, 1984a, 1984b).

Court Processing Focus

A crucial aspect of Goldkamp’s (1999) typology is what he referred to as the “court processing focus,” which includes the type of services provided to the drug court by outside agencies. Table 2 shows the extent and nature of services provided to juvenile drug courts by these agencies.

Results shown in Table 2 indicate that as many as 14 different services were provided by outside agencies to juvenile drug courts at the time of the OJP survey. Service provisions ranged from case management to data entry/data analysis and touched on nearly every aspect of an offender’s case from beginning to end. These results continue to show the extraordinary variation in juvenile drug court processes and organization. Multiple outside agencies provided juvenile drug courts with a wide range of services designed to assist courts in achieving their multiple goals with multiple target groups, with services ranging from pretrial assessments of prospective clients through actual treatment development and treatment monitoring of clients.

Identifying, Screening, and Evaluating Candidates

Based on OJP data, juvenile drug courts primarily identified, screened, and evaluated candidates using drug testing. Table 2 shows that, in general, private treatment agencies conducted the drug tests aimed primarily at detecting marijuana use among arrestees. Table 2 also shows that these tests were administered at a relatively low cost ($1 to $3 per test on average) to the court. As part of the identification, screening, and evaluation of
candidates, results in Table 2 indicate that agencies provided many of these services to juvenile drug courts as part of an ongoing relationship. Finally, Table 2 shows that juvenile drug courts tested for a variety of substances—in some instances, courts tested for the presence of as many as five substances among juveniles eligible for drug court.

**Structure/Content of Treatment**

According to Goldkamp (1999), the structure/content of adult drug courts’ treatment involved program length, graduation requirements, frequency of individual therapy and judicial contact with offenders and their families during the multiple phases of the program, and the extent and nature of aftercare services provided to offenders. Results presented in Table 2 show that juvenile drug court programs generally lasted between 12 and 24 months. Forty-one percent \( (n = 11) \) of the reporting courts responded that their drug court program lasted 12 months, 37% \( (n = 10) \) responded that the program lasted between 13 and 24 months, and 22% \( (n = 6) \) indicated that their program was “indefinite” in duration.

Table 2 also shows wide variation in graduation requirements for drug court, ranging from sobriety for a specific number of months to paying a fee for the program. Among the courts surveyed, the three most common graduation requirements were remaining sober for a specified number of months \( (n = 18) \), completing the treatment program \( (n = 24) \), and earning a high school diploma or GED \( (n = 19) \). Courts required between one and six graduation requirements, with most of the courts requiring participants to complete four requirements.

Frequency of contact with the defendant is an additional important component of adult drug courts (Goldkamp, 1999). Table 2 shows that as juvenile offenders progressed across the four phases typically comprising drug court programs, there was a reduction in drug testing, individual therapy, and judicial contact. In Phase I, for example, the largest proportion of courts reported that drug testing was conducted twice weekly, individual therapy was conducted once a week, and judicial contact with juveniles and their parents occurred once a week. By the time juveniles progressed to Phases III and IV, drug testing, individual therapy and judicial contact with the juvenile and his or her family were significantly reduced.

Table 2 also shows the nature of court-ordered aftercare services associated with juvenile drug courts. Seventy-one percent \( (n = 12) \) of the 17 responding courts indicated that they referred juveniles for aftercare services once the juveniles had completed drug court programs. Aftercare
slovenia included relapse prevention and monitoring, mentoring, or provision of emergency hotlines.

Responses to Performance: Client Accountability

Goldkamp (1999) argued that two important features of drug courts that help to distinguish them from other specialized courts that are not treatment oriented include sanctions used to hold clients accountable for complying with the treatment program and incentives used to encourage client compliance. By using a wide range of incentives or punishments, adult drug court judges have the flexibility to “tailor” to the offender the specific incentives/punishments most likely to be effective. Finally, by having a wide range of positive and negative sanctions at their disposal, adult drug court judges can create a “continuum” of responses that steadily increases the magnitude of the punishment or incentive.

Table 2 indicates that juvenile drug courts, like their adult counterparts, used a wide range of sanctions against clients failing to comply with program requirements. Sanctions included incarceration of the juvenile and/or his or her parents, electronic monitoring, increased treatment, increased drug testing, increased contact with the juvenile’s probation officer, and revocation of the juvenile’s driver’s license. A large portion of the courts indicated that they used as many as 10 different sanctions against juveniles (results not reported).

Table 2 also lists the incentives juvenile drug courts used to encourage/reward compliance with treatment. Among reporting courts (n = 29), more than 86% (n = 25) used public recognition as an incentive; courts also reported using reduced curfew hours, dismissal of the case, early release from the program, or release from house arrest/electronic monitoring as incentives. Thus, like their adult counterparts, juvenile drug courts use a wide range of sanctions and incentives to give judges flexibility in tailoring to individual clients the sanction or the incentive the judge perceived will work best to encourage compliance.

Extent of System-Wide Support/Participation

The final component in Goldkamp’s (1999) drug court typology is the extent of systemwide services available to assist and support adult drug courts. When it comes to juvenile drug courts, Table 2 shows that the largest proportion (54%) of juvenile drug courts used one agency to provide treatment services to clients, whereas the remaining courts used between two
and six agencies to provide treatment services. This indicates an apparent lack of general system-wide support for juvenile drug courts. Rather, support comes from within the system and generally arises from a single agency (e.g., juvenile probation).

DISCUSSION

Our analysis shows that juvenile drug courts developed in the 1990s operate with considerable variability across all jurisdictions. Differences were found in the goals of the programs, in their target populations, in the structure and content of treatment offered, and in the amount of outside agency support and involvement in drug court programs. At the same time, juvenile drug courts presented reasonable costs to their clients; focused their resources on a core group of offenders; provided for the involvement of outside agencies; provided a mechanism for maintaining contact among the offender, the family, and the court; and used a combination of incentives and sanctions to insure client compliance with court-ordered treatment.

We also found that the diffusion of ideas about juvenile drug court has spread faster than the body of empirical knowledge. The problem is, as Goldkamp (1999) found, “When we finally learn what we learn, we may learn more about where we’ve been (which is not unimportant) than about where we are or where we are going in this area” (p. 172).

The absence of research and the variation in the defining elements of juvenile drug court raises important questions for future research. The analysis shows that all juvenile drug courts are not cut from the same cloth. Without understanding a particular juvenile drug court’s uniqueness, validity is compromised. If researchers, practitioners, and policy makers employ recidivism as the measure of program success or failure, they will leave unanswered the most important questions of which dimensions of the juvenile drug court affected the outcome. The range in dimension variability demonstrated here suggests that juvenile drug court is not a static variable. In our experience with one juvenile drug court, for example, we learned that to get the program started, juveniles without any drug abuse were referred to the program. To this day, the same juvenile drug court admits juveniles who intake officers “believe” may have a drug problem even though the petition is not drug related, the juvenile denies alcohol or drug use, and does not test positive. Without knowing the details about program eligibility then, one never knows whether a factor other than admission to drug court produced the outcome. If internal validity is compromised, external validity is
meaningless. The same argument holds true for understanding variability in other dimensions.

We are not arguing in favor of “one juvenile drug court fits all.” Our experience tells us, however, that unless researchers, practitioners, and policy makers focus on understanding the process of juvenile drug court and the dimensional variability that we discussed, it is meaningless to ask whether juvenile drug courts work. The question must be: What variance in the dimensions accounts for program outcome? Typologies such as this help build knowledge of which features of drug court explain performance.

NOTES

1. Most of the courts responded to all survey items. Unless otherwise noted in the text, the percentages reported below refer to data found for all 30 of the courts.

2. We excluded family court data for the current study (n = 6) because the jurisdiction of these courts does not specialize in substance-abusing juveniles.

3. The courts surveyed did not describe the criteria used to exclude offenders from consideration of drug court programs and processes.

REFERENCES


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